

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000087938

**FILED**  
**Jan 05, 2007**  
**Secretary of State**

**Entity Name:** BULLINGTON INSURANCE GROUP, LLC

**Current Principal Place of Business:**

1717 S. 50 STREET  
TAMPA, FL 33619 US

**New Principal Place of Business:**

**Current Mailing Address:**

1717 S. 50 STREET  
TAMPA, FL 33619 US

**New Mailing Address:**

**FEI Number:** 20-2079222      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BULLINGTON, BROOKS M  
16108 ARMISTEAD LANE  
ODESSA, FL 33556 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BULLINGTON, BROOKS M  
Address: 16108 ARMISTEAD LANE  
City-St-Zip: ODESSA, FL 33556 US

Title: MGR ( ) Delete  
Name: BULLINGTON, EILEEN M  
Address: 16108 ARMISTEAD LANE  
City-St-Zip: ODESSA, FL 33556 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BROOKS M. BULLINGTON

MGR

01/05/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date