2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2007
Secretary of State

DOCUMENT# L06000059549

Entity Name: EAL INSURANCE CONSULTANTS, LLC

Current Principal Place of Business:

3625 NW 82ND AVE. SUITE 307
DORAL, FL 33166

New Principal Place of Business:

3625 NW 82ND AVE.
SUITE 307
DORAL, FL 33166

Current Mailing Address:

3625 NW 82ND AVE. SUITE 307
DORAL, FL 33166

New Mailing Address:

3625 NW 82ND AVE.
SUITE 307
DORAL, FL 33166

FEI Number: 20-5921219 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAVANDEIRA, EDUARDO A
6417 N.W. 113 PLACE
DORAL, FL 33178 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: LAVANDEIRA, EDUARDO A
Address: 6417 N.W. 113 PLACE
City-St-Zip: DORAL, FL 33178

Title: MGRM ( ) Delete
Name: BOLLOWSKY, PETRA C
Address: 6417 N.W. 113 PLACE
City-St-Zip: DORAL, FL 33178

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: EDUARDO A. LAVANDEIRA MGR 04/17/2007

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