


2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Apr 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000001903**

1. Entity Name  
**RUSHMORE INSURANCE SERVICES, L.L.C.**



Principal Place of Business  
**2121 PONCE DE LEON, SUITE 1100  
CORAL GABLES, FL 33134**

Mailing Address  
**2121 PONCE DE LEON, SUITE 1100  
CORAL GABLES, FL 33134**

U00000505568  
04/26/06-80121-016 50.00



04062006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0906989**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

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6. Name and Address of Current Registered Agent

**PRICE, JEROME T  
2121 PONCE DE LEON, SUITE 1100  
CORAL GABLES, FL 33134**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00  
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRICE, JEROME T 2121 PONCE DE LEON, SUITE 1100 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRZNER, ALAN 2121 PONCE DE LEON, SUITE 1100 CORAL GABLES, FL 33134
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**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Jerome T. Price JEROME T. PRICE 4/13/06 305-442-2200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #