


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2007 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # L99000001903 1. Entity Name RUSHMORE INSURANCE SERVICES, L.L.C. |  |
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|---|---|
| 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 |
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02242007No Chg-LLC CR2E083 (11/05)

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| 4. FEI Number 65-0906989 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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, 2007

03/12/07-80026-005 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|------------------------------|--------------------------------|
| TITLE | MGR |
| NAME | PRICE, JEROME T |
| STREET ADDRESS | 2121 PONCE DE LEON, SUITE 1100 |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 |
| TITLE | MGRM |
| NAME | KIRZNER, ALAN |
| STREET ADDRESS | 2121 PONCE DE LEON, SUITE 1100 |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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 2/26/07 305-442-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #