

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004015

FILED
Jul 10, 2006
Secretary of State

Entity Name: CELEDINAS INSURANCE AGENCY, LLC

Current Principal Place of Business:

18869 SE WINDWARD ISLAND LANE
JUPITER, FL 33458

New Principal Place of Business:

4259 NORTHLAKE BOULEVARD
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

18869 SE WINDWARD ISLAND LANE
JUPITER, FL 33458

New Mailing Address:

4259 NORTHLAKE BOULEVARD
PALM BEACH GARDENS, FL 33410

FEI Number: 65-0925820 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CELEDINAS, KIM R
18869 SE WINDWARD ISLAND LANE
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

CELEDINAS, KIM R
712 HARBOUR ISLES WAY
NORTH PALM BEACH, FL 33410 US

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:

07/10/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CELEDINAS, KIM R
Address: 18869 SE WINDWARD ISLAND LANE
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CELEDINAS, KIM R
Address: 712 HARBOUR ISLES WAY
City-St-Zip: NORTH PALM BEACH, FL 33410

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: KIM R. CELEDINAS

MGRM

07/10/2006

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