

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000539

FILED
Jan 13, 2006
Secretary of State

Entity Name: INSUREONE INDEPENDENT INSURANCE AGENCY, LLC

Current Principal Place of Business:

4450 SOJOURN DR., #500
ADDISON, TX 75001

New Principal Place of Business:

Current Mailing Address:

4450 SOJOURN DR., #500
ADDISON, TX 75001

New Mailing Address:

FEI Number: 36-4485332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MANGOLD, THOMAS E
Address: 4450 SOJOURN DR., #500
City-St-Zip: ADDISON, TX 75001

Title: MGR () Delete
Name: MCPADDEN, M. SEAN
Address: 4450 SOJOURN DR., #500
City-St-Zip: ADDISON, TX 75001

Title: MGR () Delete
Name: NOLAN, KATHERINE C
Address: 4450 SOJOURN DR., #500
City-St-Zip: ADDISON, TX 75001

Title: MGR () Delete
Name: BIENEK, TIMOTHY A
Address: 4450 SOJOURN DR., #500
City-St-Zip: ADDISON, TX 75001

Title: MGR () Delete
Name: SNYDER, DAVID B
Address: 4450 SOJOURN DR., #500
City-St-Zip: ADDISON, TX 75001

Title: MGR () Delete
Name: DALY, GEORGE W
Address: 6640 S. CICERO AVE.
City-St-Zip: BEDFORD PARK, IL 60638

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CALLAHAN, KEVIN R
Address: 4450 SOJOURN DR., #500
City-St-Zip: ADDISON, TX 75001

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

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

Title: MGR (X) Change () Addition
Name: PAPE, MARK E
Address: 4450 SOJOURN DR., #500
City-St-Zip: ADDISON, TX 75001

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

Title: MGR (X) Change () Addition
Name: BILLINGS, SCOTT K
Address: 4450 SOJOURN DRIVE, SUITE 500
City-St-Zip: ADDISON, TX 75001

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: DAVID B SNYDER

MGR

01/13/2006

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