2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000887

FILED Apr 28, 2006 Secretary of State

Entity Name: INDEPENDENT INSURANCE AGENTS CAPTIVE, LLC

New Principal Place of Business: Current Principal Place of Business: 1020 N ORLANDO AVE., SUITE 200 MAITLAND, FL 32751 **Current Mailing Address: New Mailing Address:** 1020 N ORLANDO AVE., SUITE 200 MAITLAND, FL 32751 FEI Number: 59-3684215 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NEUKAMM, MICHAEL E ESQ. 201 E. PINE ST., STE. 1200 ORLANDO, FL 32801 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete BREEN, JAMES Name: Name: Address: 3396 STERLING RIDGE COURT Address: City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: JAMES, TERRY Name: Address: 438 E GRANT STREET Address: City-St-Zip: ORLANDO, FL 32806 City-St-Zip: Title: MGR () Delete Title: () Change () Addition SIBLEY, B. CRAIG Name: Name: 2035 KING ARTHUR CIRCLE Address: Address: City-St-Zip: MAITLAND, FL 32751 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: TERRY JAMES CEO 04/28/2006