

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014776

Entity Name: DNB INSURANCE GROUP, LLC

FILED  
Aug 07, 2006  
Secretary of State

**Current Principal Place of Business:**

500 GULFSTREAM BLVD  
DELRAY BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

500 GULFSTREAM BLVD  
DELRAY BEACH, FL 33435

**New Mailing Address:**

FEI Number: 65-1064309      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:**

**Name and Address of New Registered Agent:**

SAUNDERS, BRAD K ESQ  
100 SE 2ND ST  
17TH FLOOR  
MIAMI, FL 33131 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:**

Title: MGR ( ) Delete  
Name: BEIRNE, LLOYD  
Address: 1200 N. FEDERAL HWY, #315  
City-St-Zip: BOCA RATON, FL 33432

Title: MGR ( ) Delete  
Name: DAVIDSON, DAVID  
Address: 1200 N. FEDERAL HWY #315  
City-St-Zip: BOCA RATON, FL 33432

Title: S ( ) Delete  
Name: MONTE, TRACY  
Address: 1200 N FEDERAL HWY STE 204  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES:**

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

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

Title: S (X) Change ( ) Addition  
Name: PAZ, NANCY  
Address: 1200 N FEDERAL HWY STE 204  
City-St-Zip: BOCA RATON, FL 33432

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: NANCY PAZ

S

08/07/2006

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