2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2006
Secretary of State

DOCUMENT# L00000015600

Entity Name: CORKHILL INSURANCE AGENCY, LLC

Current Principal Place of Business:

20 S BUMBY AVE
ORLANDO, FL 32803

New Principal Place of Business:

20 SOUTH BUMBY AVENUE
ORLANDO, FL 32803

Current Mailing Address:

P.O. BOX 538891
ORLANDO, FL 32853

New Mailing Address:

FEI Number: 59-3685165 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORKHILL, SCOTT
20 SOUTH BUMBY AVENUE
ORLANDO, FL 32803 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: P ( ) Delete
Name: CORKHILL, SCOTT
Address: 700 WINTHROP PLACE
City-St-Zip: ORLANDO, FL 32803

Title: V ( ) Delete
Name: WILSON, CAROL C
Address: 2338 CERBERUS DRIVE
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES:

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

Title: ( ) Change ( ) Addition
Name:
Address:
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: CAROL C. WILSON V 03/14/2006

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