

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000950

Entity Name: TRIP INSURANCE USA, LLC

FILED
Apr 11, 2006
Secretary of State

Current Principal Place of Business:

5903 BALI WAY N
ST PETE BEACH, FL 33706

New Principal Place of Business:

Current Mailing Address:

5903 BALI WAY N
ST PETE BEACH, FL 33706

New Mailing Address:

FEI Number: 59-3694434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARVEY, CHRIS
5903 BALI WAY N
ST PETE BEACH, FL 33706 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: HARVEY, CHRIS J
Address: 5903 BALI WAY N
City-St-Zip: ST PETE BEACH, FL 33706 US

Title: MGRM () Delete
Name: DOYLE, RICHARD L
Address: 6321 VISTA VERDE DRIVE EAST
City-St-Zip: GULFPORT, FL 33706 US

Title: MGRM () Delete
Name: BYRNE, MICHAEL P
Address: 20 THE NURSERIES
City-St-Zip: EASTWOOD, NO NG163EL UK

ADDITIONS/CHANGES:

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

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: CHRIS HARVEY

MGR

04/11/2006

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