2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2007
Secretary of State

DOCUMENT# L01000000950

Entity Name: TRIP INSURANCE USA, LLC

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	(X) Delete
Name:	DOYLE, RICHARD L	
Address:	6321 VISTA VERDE DRIVE EAST	
City-St-Zip:	GULFPORT, FL 33706 US	
Title:	MGRM	(X) 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 01/23/2007

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