2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016562

Entity Name: F & F INSURANCE, LLC

City-St-Zip:

MIAMI LAKES, FL 33014

FILED May 11, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5979 N.W. 151 STREET, SUITE 105 MIAMI LAKES, FL 33014 **Current Mailing Address: New Mailing Address:** 5979 N.W. 151 STREET, SUITE 105 MIAMI LAKES, FL 33014 FFI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X) 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: DOWLING, LYNN 5979 N.W. 151 STREET, SUITE 105 MIAMI LAKES, FL 33014 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: MGRM Title: () Change () Addition () Delete FOWLER, LEE R Name: Name: Address: 5979 NW 151 STREET #105 Address: City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: FRENCH, RICHARD D Name: Address: 5979 NW 151 STREET #105 Address: City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip: Title: MGR () Delete Title: () Change () Addition DOWLING, LYNN Name: Name: 5979 NW 151 STREET #105 Address: Address:

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: LYNN DOWLING MGR 05/11/2007