2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2007
Secretary of State

DOCUMENT# L02000003569

Entity Name: INSURANCE INFORMATION SERVICE, LLC

Current Principal Place of Business:

318 INDIAN TRACE
144
WESTON, FL 33326 US

New Principal Place of Business:

Current Mailing Address:

318 INDIAN TRACE
144
WESTON, FL 33326 US

New Mailing Address:

FEI Number: 20-0449383 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DE OJEDA, JOB
277 BRIDGETON WAY
WESTON, FL 33326 US

Name and Address of New Registered Agent:

DE OJEDA, JOB
318 INDIAN TRACE
144
WESTON, FL 33326 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: JOB DE OJEDA 01/25/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: DE OJEDA, JOB
Address: 318 INDIAN TRACE #144
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

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: JOB DE OJEDA MGRM 01/25/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date