

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019242

FILED  
Sep 06, 2006  
Secretary of State

Entity Name: TESTQUOTE LLC

## Current Principal Place of Business:

209 LAKEVIEW DRIVE #102  
WESTON, FL 33326 US

## New Principal Place of Business:

2120 TALLAHASSEE  
WESTON, FL 33326 US

## Current Mailing Address:

209 LAKEVIEW DRIVE #102  
WESTON, FL 33326 US

## New Mailing Address:

2120 TALLAHASSEE  
WESTON, FL 33326 US

FEI Number: 33-1015712      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:

MCMAHON, STEPHEN  
209 LAKEVIEW DRIVE #102  
WESTON, FL 33326 US

## Name and Address of New Registered Agent:

MCMAHON, STEPHEN  
2120 TALLAHASSEE  
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: TESTQUOTE LLC

09/06/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MCMAHON, STEPHEN T  
Address: 209 LAKEVIEW DRIVE #102  
City-St-Zip: WESTON, FL 33326 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MCMAHON, STEPHEN T  
Address: 2120 TALLAHASSEE  
City-St-Zip: WESTON, FL 33326 US

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: STEPHEN MCMAHON

MGRM

09/06/2006

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