2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006
Secretary of State

DOCUMENT# L02000023073

Entity Name: RIVER CREST INSURANCE, LLC

Current Principal Place of Business:

900 EAST OCEAN BLVD., SUITE 232
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2696
STUART, FL 349952696

New Mailing Address:

FEI Number: 04-3711612 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIER, JEFF T AAI
900 EAST OCEAN BLVD., SUITE 232
STUART, FL 34994 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: P ( ) Delete
Name: MIER, JEFFREY T
Address: 3960 NW GOLDENROD RD APT. 201
City-St-Zip: STUART, FL 34994

Title: MGRM ( ) Delete
Name: MIER, NICOLE
Address: 3960 NW GOLDENROD RD APT 201
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: MIER, JEFFREY T
Address: 2084 NW 19TH DR.
City-St-Zip: STUART, FL 34994

Title: MGRM (X) Change ( ) Addition
Name: MIER, NICOLE
Address: 2084 NW 19TH DR.
City-St-Zip: STUART, FL 34994

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: JEFF MIER P 03/06/2006

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