
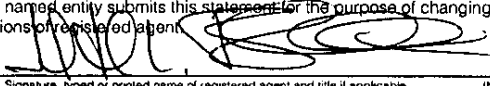


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90008 031 ***138.75

DOCUMENT # L03000004027 1. Entity Name LIFSEY INSURANCE, LLC					
Principal Place of Business 2430 ESTANCIA BLVD STE 100A CLEARWATER, FL 33761 US			Mailing Address P.O. BOX 16433 CLEARWATER, FL 33768-6433 US		
2. Principal Place of Business - No P.O. Box # 2631 mccormick Dr		3. Mailing Address Same			
Suite, Apt. #, etc. Suite 102		Suite, Apt. #, etc. 		03082008 Chg-LLC CR2E083 (12/06)	
City & State Clearwater, FL		City & State 		4. FEI Number 20-1443842	
Zip 33759		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDREW SERVICE CORPORATION OF FLORIDA 201 N. FRANKLIN STREET SUITE 2100 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name REGIONS BANK TRUST DEPARTMENT Street Address (P.O. Box Number is Not Acceptable) 13535 Feather Sound Dr. Ste 220 City Clearwater FL Zip Code 33762	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  JONATHAN L. BUTLER 4/16/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) VICE PRESIDENT DATE					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JULIAN H LIFSEY TRUST DTD SEPTEMBER 2430 ESTANCIA BLVD STE 100A CLEARWATER, FL 33761	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Jo Anne Biondi-Shannon Co-TRUSTEE, Member 4/3/08 727-791-9199 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					