2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# L03000005907

Entity Name: NATIONAL ONE INSURANCE, LLC

Current Principal Place of Business:

369 NORTH NEW YORK AVENUE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

369 NORTH NEW YORK AVENUE
WINTER PARK, FL 32789

New Mailing Address:

2315 CURRY FORD ROAD
ORLANDO, FL 32806

FEI Number: 42-1604739 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALL, CHARLES W
369 NORTH NEW YORK AVENUE
WINTER PARK, FL 32789 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: MGR ( ) Delete
Name: HALL, CHARLES W
Address: 369 NORTH NEW YORK AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: COTTON, THOMAS M
Address: 2315 CURRY FORD ROAD
City-St-Zip: ORLANDO, FL 32806

Title: MGR ( ) Change (X) Addition
Name: WILKOSZ, DAVID L
Address: 2315 CURRY FORD ROAD
City-St-Zip: ORLANDO, FL 32806

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.

SIGNATURE: DAVID L WILKOSZ MGR 04/27/2007

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