

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006063

FILED
Apr 30, 2007
Secretary of State

Entity Name: ALL ACCEPTANCE INSURANCE LLC

Current Principal Place of Business:

4178 S ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34746

New Principal Place of Business:

Current Mailing Address:

4178 S ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34746

New Mailing Address:

FEI Number: 75-3101411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALLARD, CHRIS
4178 S ORANGE BLOSSOM TRL
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

RUSER, VICTOR
4178 S ORANGE BLOSSOM TRL
KISSIMMEE, FL 34746 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: CHRISTOPHER BALLARD

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: O () Delete
Name: BALLARD, CHRIS
Address: 4178 S ORANGE BLOSSOM TRAIL
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES:

Title: O (X) Change () Addition
Name: RUSER, VICTOR
Address: 4178 S ORANGE BLOSSOM TRAIL
City-St-Zip: KISSIMMEE, FL 34746

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: VICTOR RUSER

OWNE

04/30/2007

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