


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 08, 2006 8:00 am**  
**Secretary of State**

09-08-2006 90043 045 \*\*\*\*50.00

<b>DOCUMENT # L03000021617</b>		
1. Entity Name <b>THE INSURANCE GROUP, LLC</b>		

Principal Place of Business <b>20547 OLD CUTLER ROAD SUITE 302 MIAMI, FL 33189 US</b>	Mailing Address <b>20547 OLD CUTLER ROAD SUITE 302 MIAMI, FL 33189 US</b>
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40103426



2. Principal Place of Business <i>404 W Whitney Dr</i>	3. Mailing Address <i>404 W Whitney Dr</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05042006 Chg-LLC CR2E083 (11/05)

City & State <i>Jupiter, FL</i>	City & State <i>Jupiter, FL</i>	4. FEI Number <b>NOT APPLICABLE</b>	Applied For <b>Not Applicable</b>
Zip <i>33458</i>	Country <i>USA</i>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>COLLINS, BRIAN A 20547 OLD CUTLER ROAD SUITE 302 MIAMI, FL 33189</b>		7. Name and Address of New Registered Agent Name <i>Collins Brian A</i> Street Address (P.O. Box Number is Not Acceptable) <i>404 W Whitney Drive</i> City <i>Jupiter</i> FL Zip Code <i>33458</i>	
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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 <i>[Signature]</i>	DATE <i>9/5/06</i>

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>Filing Fee is \$50.00 Due by September 8, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLLINS, BRIAN A 20547 OLD CUTLER ROAD, SUITE 302 MIAMI, FL 33189 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Collins Brian A 404 W Whitney Drive Jupiter, FL 33458 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>[Signature]</i>	DATE: <i>9/5/06</i>	DAYTIME PHONE #: <i>561-744-3571</i>
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #