

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026310

Entity Name: FHBIA SURPLUS LINES, LLC

FILED
Apr 17, 2007
Secretary of State

Current Principal Place of Business:

2600 CENTENNIAL PLACE
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15459
TALLAHASSEE, FL 32317 54

New Mailing Address:

FEI Number: 54-2133272

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, TOM L
2600 CENTENNIAL PLACE
TALLAHASSEE, FL 32308 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: LITTLEFIELD, CAROLYN B CEO
Address: 2600 CENTENNIAL PLACE
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGR () Delete
Name: DOWD, BILL
Address: 2600 CENTENNIAL PLACE
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGR () Delete
Name: ROGAN, JOHN
Address: 2600 CENTENNIAL PLACE
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGR () Delete
Name: DELANEY, MICHELLE
Address: 2600 CENTENNIAL PLACE
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGR () Delete
Name: TYLKA, LEN
Address: 2600 CENTENNIAL PLACE
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES:

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

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

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

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

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

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: CAROLYN B LITTLEFIELD

MGR

04/17/2007

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