2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000028937

1. Entity Name
KLGN INSURANCE GROUP, L.L.C.

Principal Place of Business	Mailing Address
18503 PINES BLVD SUITE 302 PEMBROKE PINES, FL 33029	18503 PINES BLVD SUITE 302 PEMBROKE PINES, FL 33029

DO NOT WRITE IN THIS SPACE

01122007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
16-1680692	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

TILLEY, MICHAEL R
2000 GLADES ROAD
SUITE 306
BOCA RATON, FL 33431

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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
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS	
TITLE	P	
NAME	RIORDAN, GREGORY J	
STREET ADDRESS	11852 RIDGEVIEW DRIVE	
CITY-ST-ZIP	DAVIE, FL 33330	
TITLE		
NAME		
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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: _____ 2/1/07 954-441-6880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #