

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029929

FILED
Aug 15, 2006
Secretary of State

Entity Name: G-FORCE INSURANCE SERVICES LLC

Current Principal Place of Business:

7601 CENTURION PARKWAY
JACKSONVILLE, FL 32256

New Principal Place of Business:

4237 SALISBURY ROAD
SUITE 100 BUILDING 1
JACKSONVILLE, FL 32216

Current Mailing Address:

7601 CENTURION PARKWAY
JACKSONVILLE, FL 32256

New Mailing Address:

4237 SALISBURY ROAD
SUITE 100 BUILDING 1
JACKSONVILLE, FL 32216

FEI Number: 42-1602555 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MCLEOD, DEBORAH
7601 CENTURION PARKWAY
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

OWEN, GEORGE
100 1ST AVENUE S. STE 500
ST. PETERSBURG, FL 33701 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: GEORGE OWEN

08/15/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CROPPER, M. STEVEN
Address: 7800 BELFORT PARKWAY STE. 170
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CROPPER, M. STEVEN
Address: 4237 SALISBURY ROAD STE 100 BLDG 1
City-St-Zip: JACKSONVILLE, FL 32216

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: M. STEVEN CROPPER

MGRM

08/15/2006

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