

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034954

FILED  
Mar 29, 2008  
Secretary of State

Entity Name: FLOOD REBATE INSURANCE, LLC

**Current Principal Place of Business:**

724 E EAU GALLIE BLVD  
INDIAN HARBOUR BEACH, FL 32937

**New Principal Place of Business:**

720 E EAU GALLIE BLVD  
INDIAN HARBOUR BEACH, FL 32937

**Current Mailing Address:**

PO BOX 984  
MELBOURNE, FL 32902

**New Mailing Address:**

PO BOX 999  
MELBOURNE, FL 32902

FEI Number: 11-3703952

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RANEW, BARRY  
724 E EAU GALLIE BLVD  
INDIAN HARBOUR BEACH, FL 32937 US

**Name and Address of New Registered Agent:**

RANEW, BARRY  
720 E EAU GALLIE BLVD  
INDIAN HARBOUR BEACH, FL 32937 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:

03/29/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RANEW, BARRY R  
Address: 724 E EAU GALLIE BLVD  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: RANEW, BARRY R  
Address: 720 E EAU GALLIE BLVD  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

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: BARRY RANEW

MGRM

03/29/2008

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