

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000048892

FILED
Jan 30, 2006
Secretary of State

Entity Name: ADVANTECH SOLUTIONS INSURANCE L.L.C.

Current Principal Place of Business:

1410 NORTH WESTSHORE BOULEVARD
STE. 600
TAMPA, FL 33607

New Principal Place of Business:

4890 WEST KENNEDY BOULEVARD
SUITE 500
TAMPA, FL 33609

Current Mailing Address:

1410 NORTH WESTSHORE BOULEVARD
STE. 600
TAMPA, FL 33607

New Mailing Address:

4890 WEST KENNEDY BOULEVARD
SUITE 500
TAMPA, FL 33609

FEI Number: 59-3578173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SBAR, MARIAN H ESQ
1410 NORTH WESTSHORE BOULEVARD
STE. 600
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

SBAR, MARIAN H
4890 WEST KENNEDY BOULEVARD
SUITE 500
TAMPA, FL 33609 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: MARIAN HYATT SBAR

01/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AGENCY SOLUTIONS INT, ERNATIONAL, IN C .
Address: 1410 N. WESTSHORE BLVD., STE. 600
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: AGENCY SOLUTIONS INT, ERNATIONAL, IN C .
Address: 4890 WEST KENNEDY BOULEVARD, SUITE 500
City-St-Zip: TAMPA, FL 33609

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: MARIAN HYATT SBAR

MGRM

01/30/2006

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