2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L03000048892

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

Current Principal Place of Business:

4890 WEST KENNEDY BOULEVARD
SUITE 500
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

4890 WEST KENNEDY BOULEVARD
SUITE 500
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-3578173 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ROBBINS, KIMBERLEY A ESQ
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: KIMBERLEY A. ROBBINS 04/30/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

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

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: DIANNA SHEPPARD PRES 04/30/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date