2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002573

Entity Name: BURR INSURANCE, LLC

FILED Jul 23, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

 1712 WINDING OAKS DR.
 3419 RAEFORD RD

 ORLANDO, FL 32825
 ORLANDO, FL 32806

Current Mailing Address: New Mailing Address:

 1712 WINDING OAKS DR.
 3419 RAEFORD RD

 ORLANDO, FL 32825
 ORLANDO, FL 32806

FEI Number: 20-2223712 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: Name and Address of New Registered Agent:

BURR, DAVID M MGRM
1712 WINDING OAKS DR.
ORLANDO, FL 32825 US
BURR, DAVID M MGRM
3419 RAEFORD RD.
ORLANDO, FL 32806 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: 07/23/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 BURR, DAVID M
 Name:
 BURR, DAVID M

 Address:
 1712 WINDING OAKS DR.
 Address:
 3419 RAEFORD RD

 City-St-Zip:
 ORLANDO, FL 32825 US
 City-St-Zip:
 ORLANDO, FL 32806 US

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: DAVID M. BURR MR 07/23/2007