2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2006
Secretary of State

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Entity Name: ENCOMPASS INSURANCE CONSULTANTS, LLC

Current Principal Place of Business:

1515 CR210 WEST
SUITE 106
JACKSONVILLE, FL 32259

New Principal Place of Business:

113 NATURE WALK PARKWAY
SUITE 101
SAINT AUGUSTINE, FL 32092

Current Mailing Address:

1515 CR210 WEST
SUITE 106
JACKSONVILLE, FL 32259

New Mailing Address:

113 NATURE WALK PARKWAY
SUITE 101
SAINT AUGUSTINE, FL 32092 US

FEI Number: 20-0321432 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EMERY, ALISON N
2700-C UNIVERSITY BLVD. WEST
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MR. ( ) Delete
Name: INGALLS, LARRY
Address: 1515 CR210 SUITE 106
City-St-Zip: JACKSONVILLE, FL 32259

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: INGALLS, LARRY
Address: 113 NATURE WALK PARKWAY, SUITE 101
City-St-Zip: SAINT AUGUSTINE, FL 32092 US

Title: MGRM ( ) Change (X) Addition
Name: IANNONE, ANTHONY
Address: 113 NATURE WALK PARKWAY, SUITE 101
City-St-Zip: SAINT AUGUSTINE, FL 32092 US

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: LARRY INGALLS MGR 03/11/2006

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