2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

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Entity Name: HUCKLEBERRY, SIBLEY & HARVEY INSURANCE AND BONDS OF BREVARD, LLC

Current Principal Place of Business:

1020 NORTH ORLANDO AVENUE
SUITE 200
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

1020 NORTH ORLANDO AVENUE
SUITE 200
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 20-1382694 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEUKAMM, MICHAEL E
301 E. PINE STREET, SUITE 1400
ORLANDO, FL 32801 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:	MGRM	( ) Delete
Name:	SIBLEY, B CRIAG	
Address:	1020 N ORLANDO AVE STE 200	
City-St-Zip:	MAITLAND, FL 32751	
Title:	MGRM	( ) Delete
Name:	JAMES, TERRY L	
Address:	1020 N ORLANDO AVE STE 200	
City-St-Zip:	MAITLAND, FL 32751	
Title:	MGRM	( ) Delete
Name:	WRIGHT, LENITA W	
Address:	1020 N ORLANDO AVE STE 200	
City-St-Zip:	MAITLAND, FL 32751	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: BARBARA VACCARO VPOP 04/22/2009

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