

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026932

FILED
Apr 21, 2006
Secretary of State

Entity Name: NICHOLAS INSURANCE, LLC

Current Principal Place of Business:

3895 TAMPA ROAD
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1859
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 57-1160719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIANA, NICHOLAS
3895 TAMPA ROAD
OLDSMAR, FL 34677 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: MGR () Delete
Name: DIANA, NICHOLAS
Address: 3895 TAMPA ROAD
City-St-Zip: OLDSMAR, FL 34677

Title: MGRM () Delete
Name: CORKINS, DEBORAH
Address: 3895 TAMPA ROAD
City-St-Zip: OLDSMAR, FL 34677

Title: MGRM () Delete
Name: DIANA, CHRISTINA
Address: 3895 TAMPA ROAD
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: DIANA, CHRISTINA
Address: 3895 TAMPA ROAD
City-St-Zip: OLDSMAR, FL 34677

Title: MGRM (X) Change () Addition
Name: DIANA, MICHAEL
Address: 3895 TAMPA ROAD
City-St-Zip: OLDSMAR, FL 34677

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: NICHOLAS DIANA

PRES

04/21/2006

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