2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2007
Secretary of State

DOCUMENT# L04000026932

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:

3895 TAMPA ROAD
OLDSMAR, FL 34677

FEI Number: 57-1160719 **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:

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: DIANA, CHRISTINA
Address: 3895 TAMPA ROAD
City-St-Zip: OLDSMAR, FL 34677

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

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: NICHOLAS DIANA MGR 05/10/2007

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