



**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000029197</b>						<b>Secretary of State</b>					
<b>1. Entity Name</b> ASSURANCE REALTY AND INVESTMENTS, LLC											
<b>Principal Place of Business</b> 8021 S FEDERAL HIGHWAY 1 PORT ST. LUCIE, FL 34952 US				<b>Mailing Address</b> 8021 S FEDERAL HIGHWAY 1 PORT ST. LUCIE, FL 34952 US							
<b>2. Principal Place of Business</b>				<b>3. Mailing Address</b>							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04062006 Chg-LLC CR2E083 (11/05)			
City & State				City & State				<b>4. FEI Number</b> 27-0086585		Applied For Not Applicable	
Zip		Country		Zip		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>						<b>7. Name and Address of New Registered Agent</b>					
CROOKS, BERYL 8021 S FEDERAL HIGHWAY 1 PORT ST. LUCIE, FL 34952						Name					
						Street Address (P.O. Box Number is Not Acceptable)					
						City				FL	
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>											
<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>											
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>						<b>Make check payable to Florida Department of State</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>						<b>10. ADDITIONS/CHANGES</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM CROOKS, BERYL 8021 S FEDERAL HIGHWAY 1 PORT ST. LUCIE, FL 34952 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition UN00000548632 05/12/06-80072-007 55.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.</b>											
<b>SIGNATURE:</b> <i>Beryl Crooks</i>						4.21.06 772-344-32					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>						<small>Date Daytime Phone #</small>					