

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000034040

Entity Name: INSUREAMERICA, LLC

FILED
Jul 19, 2005
Secretary of State

Current Principal Place of Business:

3341 W. BEARSS AVE.
TAMPA, FL 33618

New Principal Place of Business:

3837 NORTHDAL BLVD.
SUITE 332
TAMPA, FL 33624

Current Mailing Address:

3341 W. BEARSS AVE.
TAMPA, FL 33618

New Mailing Address:

3837 NORTHDAL BLVD.
SUITE 332
TAMPA, FL 33624

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

WHITE, JANET L
3341 W. BEARSS AVE.
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

WHITE, JANET L
19108 ST. LAURENT DR.
LUTZ, FL 33558 US

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:

07/19/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WHITE, JANET L
Address: 3341 W. BEARSS AVE.
City-St-Zip: TAMPA, FL 33618

Title: MGR (X) Delete
Name: HEIMBACH, MICHAEL C
Address: 3341 W. BEARSS AVE.
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: WHITE, JANET L
Address: 19108 ST. LAURENT DR.
City-St-Zip: LUTZ, FL 33558

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JANET WHITE

PRES

07/19/2005

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