## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000034256

RICE, JACK S JR.

3528 SHORELINE CIRCLE

PAM HARBOR, FL 34684

Name:

Address:

City-St-Zip:

Entity Name: JACK RICE INSURANCE II, LLC

FILED Apr 21, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 13080 S. BELCHER ROAD STE H LARGO, FL 33773 **New Mailing Address: Current Mailing Address:** 13080 S. BELCHER ROAD STE H LARGO, FL 33773 FEI Number: 20-1289586 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RICE, JACK S 13080 S. BELCHER ROAD STE H LARGO, FL 33773 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition MGR () Delete RICE, JACK S Name: Name: 14261 LARK COURT Address: Address: City-St-Zip: CLEARWATER, FL 33762 City-St-Zip: Title: MGR (X) Delete Title: () Change () Addition REAGAN, RONALD P Name: Name: Address: 6108 CYPRESS CIRCLE Address: City-St-Zip: BRADENTON, FL 34202 City-St-Zip: Title: MGR (X) Delete Title: () Change () Addition JOHNSON, JEFFREY T Name: Name: Address: 4107 MALICKSON DRIVE Address: City-St-Zip: PARRISH, FL 34219 City-St-Zip: Title: MGR (X) Delete Title: () Change () Addition Name: JOHNSON, ANN Name: 4107 MALICKSON DRIVE Address: Address: City-St-Zip: PARRISH, FL 34219 City-St-Zip: Title: MGR () Delete Title: () Change () Addition WEBSTER, CYTHIA M Name: Name: 2289 PINNACLE CIRCLE Address: Address: City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JACK S. RICE MGR 04/21/2006