

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039679

FILED  
Jul 27, 2006  
Secretary of State

**Entity Name:** ALLIANCE INSURANCE OF PENSACOLA LLC

**Current Principal Place of Business:**

1091 NORTH NAVY BLVD  
PENSACOLA, FL 32507

**New Principal Place of Business:**

**Current Mailing Address:**

1091 NORTH NAVY BLVD  
PENSACOLA, FL 32507

**New Mailing Address:**

FEI Number: 20-1162253      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:**

**Name and Address of New Registered Agent:**

KEITH SMITH  
1091 NORTH NAVY BLVD  
PENSACOLA, FL 32507      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:**

Title: MGRM      ( ) Delete  
Name: SMITH, KEITH  
Address: 1091 NORTH NAVY BLVD  
City-St-Zip: PENSACOLA, FL 32507

Title: MGR      (X) Delete  
Name: WEBSTER, KEVIN  
Address: 2740 CREIGHTON ROAD  
City-St-Zip: PENSACOLA, FL 32504

**ADDITIONS/CHANGES:**

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 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: KEITH T SMITH

MGRM

07/27/2006

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