2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2006
Secretary of State

DOCUMENT# L04000041742

Entity Name: BROWN INSURANCE AGENCY LLC

Current Principal Place of Business:

1913 B E. OLIVE RD
PENSACOLA, FL 32514

New Principal Place of Business:

1913 B E. OLIVE RD
PENSACOLA, FL 32514 US

Current Mailing Address:

1913 B E. OLIVE RD
PENSACOLA, FL 32514

New Mailing Address:

1913 B E. OLIVE RD
PENSACOLA, FL 32514 US

FEI Number: 90-0182939 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, PEGGY
1913 B E. OLIVE RD
PENSACOLA, FL 32514 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: BROWN, PEGGY
Address: 1913 B E. OLIVE RD
City-St-Zip: PENSACOLA, FL 32514

Title: MGRM ( ) Delete
Name: MURPHY, TRACY
Address: 1913 B E. OLIVE RD
City-St-Zip: PENSACOLA, FL 32514

Title: MGRM ( ) Delete
Name: BARRON, ERICA
Address: 1913 B E. OLIVE RD
City-St-Zip: PENSACOLA, FL 32514

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 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: PEGGY BROWN MGR 02/15/2006

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