2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State
02-27-2006 90425 027 ****55.00

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1. Entity Name
MEMBERS INSURANCE CENTER, LLC

20010917

Principal Place of Business	Mailing Address
6801 E. HILLSBOROUGH AVENUE TAMPA, FL 33610	P.O. BOX 11709 TAMPA, FL 33680

02062006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1399753
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CHARRON, DON
6801 E. HILLSBOROUGH AVENUE
TAMPA, FL 33610

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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.

SIGNATURE _____ 2/6/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	FLYNN, PELEE
STREET ADDRESS	6801 E. HILLSBOROUGH AVENUE
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	MGR
NAME	CHARRON, DON
STREET ADDRESS	6801 E. HILLSBOROUGH AVENUE
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	MGR
NAME	DARLING, LINDA
STREET ADDRESS	6801 E. HILLSBOROUGH AVENUE
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	MGR
NAME	BARWICK, ANNETT B
STREET ADDRESS	6801 E. HILLSBOROUGH AVENUE
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	MGR
NAME	~~Tom~~ Dorety, Tom
STREET ADDRESS	6801 E. Hillsborough, Ave
CITY-ST-ZIP	Tampa, FL. 33610
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: _____ 2/6/06 813-621-7511 X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

80600