2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000067004

Entity Name: BROWARD INSURANCE CONSULTING, LLC

FILED Sep 06, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1067 SHOTGUN ROAD 6951 WEST SUNRISE BLVD FORT LAUDERDALE, FL 33326 PLANTATION, FL 33313

Current Mailing Address: New Mailing Address:

1067 SHOTGUN ROAD 6951 WEST SUNRISE BLVD FORT LAUDERDALE, FL 33326 PLANTATION, FL 33313

FEI Number: 20-1700504 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:

ANDERTON, JOSEPH W
1067 SHOTGUN ROAD
FORT LAUDERDALE, FL 33326 US

ANDERTON, JOSEPH W
6951 WEST SUNRISE BLVD
PLANTATION, FL 33313 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.

ADDITIONS/CHANGES:

SIGNATURE: 09/06/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 ANDERTON, JOE
 Name:
 ANDERTON, JOE

 Address:
 1067 SHOTGUN ROAD
 Address:
 6951 WEST SUNRISE BLVD

 City-St-Zip:
 SUNRISE, FL 33326
 City-St-Zip:
 PLANTATION, FL 33313

Title: MGR () Delete Title: MGR (X) Change () Addition

Name: JACKSON, ED Name: JACKSON, ED

 Address:
 1067 SHOTGUN ROAD
 Address:
 6951 WEST SUNRISE BLVD

 City-St-Zip:
 SUNRISE, FL 33326
 City-St-Zip:
 PLANTATION, FL 33313

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 TURGEON, BILL
 Name:
 TURGEON, BILL

 Address:
 1067 SHOTGUN ROAD
 Address:
 6951 WEST SUNRISE BLVD

Address: 1067 SHOTGUN ROAD Address: 6951 WEST SUNRISE BLVI
City-St-Zip: SUNRISE, FL 33326 City-St-Zip: PLANTATION, FL 33313

I hereby certify that the information supplied with this filing does not qualify 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: JOE ANDERTON MGR 09/06/2007