

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069284

Entity Name: SHIVER INSURANCE GROUP LLC

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

373 EAST JEFFERSON STREET
QUINCY, FL 32351

New Principal Place of Business:

Current Mailing Address:

373 EAST JEFFERSON STREET
QUINCY, FL 32351

New Mailing Address:

FEI Number: 20-1653362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, BARBARA A
373 EAST JEFFERSON STREET
QUINCY, FL 32351 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: MGRM () Delete
Name: JOHNSON, BARBARA A
Address: 372 DOGWOOD TRAIL
City-St-Zip: QUINCY, FL 32352

Title: MGRM () Delete
Name: MCNEILL, JEFFREY
Address: 810 WADSWORTH ST, APT 301
City-St-Zip: TALLAHASSEE, FL 32304

Title: MGRM () Delete
Name: JOHNSON, A. CHARLES
Address: 372 DOGWOOD TRAIL
City-St-Zip: QUINCY, FL 32352

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: TERRANOVA, JOSEPH
Address: 6848 HILLGAIL TRAIL
City-St-Zip: TALLAHASSEE, FL 32309

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: BARBARA A JOHNSON

MGR

04/28/2006

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