2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2007
Secretary of State

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Entity Name: FLORIDA CAPITAL INSURANCE SERVICES, LLC

Current Principal Place of Business:

300 EAST PARK AVENUE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

300 EAST PARK AVENUE
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 20-3827821 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BATEMAN HARDEN, PA
300 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: BATEMAN, FREDERICK L JR.
Address: 300 EAST PARK AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGR ( ) Delete
Name: DOUGLAS, EDWARD
Address: 2400 S.E. FEDERAL HIGHWAY, SUITE 220
City-St-Zip: STUART, FL 34994

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: FREDERICK L. BATEMAN JR. MGRM 03/12/2007

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