

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077079

FILED
Feb 09, 2006
Secretary of State

Entity Name: COMPREHENSIVE INSURANCE GROUP, L.L.C.

Current Principal Place of Business:

636 U.S. HIGHWAY ONE
SUITE #205
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

636 U.S. HIGHWAY ONE
SUITE #205
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 20-1820677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHAEL A. LAMPERT, P.A.
1655 PALM BEACH LAKES BLVD., STE. 900
WEST PALM BEACH, FL 33401 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: LAMPERT, ARNOLD L
Address: 636 U.S. HIGHWAY ONE, SUITE #205
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MGR () Delete
Name: LAMPERT, ANTHONY E
Address: 636 U.S. HIGHWAY ONE, SUITE #205
City-St-Zip: NORTH PALM BEACH, FL 33408

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: ARNOLD L. LAMPERT

CEO

02/09/2006

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