

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90349 047 ****50.00

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DOCUMENT # L04000077079 1. Entity Name COMPREHENSIVE INSURANCE GROUP, L.L.C.					
Principal Place of Business 636 U.S. HIGHWAY ONE SUITE #110 NORTH PALM BEACH, FL 33408			Mailing Address P.O. BOX 13180 NORTH PALM BEACH, FL 33408		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MICHAEL A. LAMPERT, P.A. 1655 PALM BEACH LAKES BLVD., STE. 900 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAMPERT, ARNOLD L 636 U.S. HIGHWAY ONE, SUITE #205 NORTH PALM BEACH, FL 33408		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite #110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAMPERT, ANTHONY E 636 U.S. HIGHWAY ONE, SUITE #205 NORTH PALM BEACH, FL 33408		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite #110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
				Date _____ Daytime Phone # _____	