2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2007
Secretary of State

DOCUMENT# L04000085106

Entity Name: INSURANCE MARKET PLACE, LLC

Current Principal Place of Business:

2611 SW COLLEGE RD SUITE G
OCALA, FL 34474

New Principal Place of Business:

2801 SW COLLEGE ROAD
#12
OCALA, FL 34474

Current Mailing Address:

8200 113TH STREET NORTH
SUITE 2A
SEMINOLE, FL 33772

New Mailing Address:

8200 113TH STREET NORTH
SUITE 201
SEMINOLE, FL 33772

FEI Number: 20-1942249 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCARR, BARRY J
8200 113TH STREET NORTH
SUITE 2B
SEMINOLE, FL FL US

Name and Address of New Registered Agent:

HARTSELLE, ART
8200 113TH STREET NORTH
SUITE 201
SEMINOLE, FL FL 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.

SIGNATURE: ART HARTSELLE 03/13/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SCARR, INC., A FLORI, DA CORPORATION
Address: 8200 113TH STREET NORTH, SUITE 2B
City-St-Zip: SEMINOLE, FL 33772

Title: MGRM ( ) Delete
Name: HARTSELLE, INC., A F, LORIDA CORPORA T ION
Address: 8200 113TH STREET NORTH, SUITE 2A
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SCARR, INC., A FLORI, DA CORPORATION
Address: 8200 113TH STREET NORTH, SUITE 202
City-St-Zip: SEMINOLE, FL 33772

Title: MGRM (X) Change ( ) Addition
Name: HARTSELLE, INC., A F, LORIDA CORPORA T ION
Address: 8200 113TH STREET NORTH, SUITE 201
City-St-Zip: SEMINOLE, FL 33772

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: ART HARTSELLE MGRM 03/13/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date