
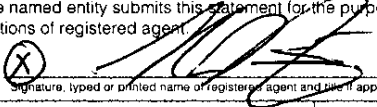
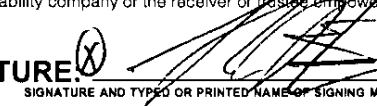


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90117 045 ***138.75

DOCUMENT # L04000091431					
1. Entity Name COMMERCIAL INSURANCE SOLUTIONS PARTNERS, LLC					
Principal Place of Business 475 LONGMEADOW LANE LONGWOOD, FL 32779			Mailing Address 475 LONGMEADOW LANE LONGWOOD, FL 32779		
2. Principal Place of Business - No P.O. Box # 1855 W. STATE RD 434 <small>Suite, Apt. #, etc.</small>		3. Mailing Address 2141 ALAQUA DR <small>Suite, Apt. #, etc.</small>			
City & State Longwood FL		City & State Longwood FL		4. FEI Number 20-2075346	
Zip 32750		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RITENOUR, HEATH J 475 LONGMEADOW LANE LONGWOOD, FL 32779			7. Name and Address of New Registered Agent Name: HEATH J. RITENOUR Street Address (P.O. Box Number is Not Acceptable): 2141 ALAQUA DR City: Longwood FL FL Zip Code: 32779		
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:  HEATH J. RITENOUR DATE: 1-18-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RITENOUR, HEATH J 475 LONGMEADOW LANE 2141 ALAQUA DR LONGWOOD, FL 32779		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:  HEATH J. RITENOUR			Date: 1-18-08		Daytime Phone #: 407-998-4167