
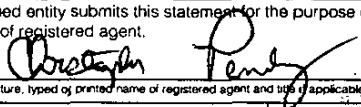



FILED  
Mar 06, 2008 8:00 am  
Secretary of State

03-06-2008 90247 015 \*\*\*138.75

2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

DOCUMENT # L04000093513			
1. Entity Name AFFILIATED INSURANCE GROUP, LLC			
Principal Place of Business 8546 WEST HOMOSASSA TRAIL SUITE 2 HOMOSASSA, FL 34448 US		Mailing Address 8546 WEST HOMOSASSA TRAIL SUITE 2 HOMOSASSA, FL 34448 US	
2. Principal Place of Business - No P.O. Box # 9563 E Pelican Cove CT E Suite, Apt. #, etc.		3. Mailing Address 9563 E Pelican Cove CT E Suite, Apt. #, etc.	
City & State Inverness FL		City & State Inverness FL	
Zip 34450		Country Citrus	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent PINCKNEY, CHRISTOPHER V 721 NE US HWY 19 CRYSTAL, FL 34429		7. Name and Address of New Registered Agent Name Christopher V. Pinckney Street Address (P.O. Box Number is Not Acceptable) 9563 E Pelican Cove CT E City Inverness FL Zip Code 34450	
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  DATE 3/6/08 (NOTE: Registered Agent signature required when reinstating)			
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 MGR NAME PINCKNEY, CHRISTOPHER V STREET ADDRESS 8546 WEST HOMOSASSA TRAIL, SUITE 2 CITY-ST-ZIP HOMOSASSA, FL 34448 <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	
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	
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	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		3/6/08 352 563 1117 Date Daytime Phone #	