


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 10, 2006 8:00 am
Secretary of State

08-10-2006 90042 005 ****50.00

DOCUMENT # L05000016079	
1. Entity Name DENMAN INSURANCE & FINANCIAL SERVICES, LLC	

Principal Place of Business 2400 E. COMMERCIAL BLVD., SUITE 208 FORT LAUDERDALE, FL 33308	Mailing Address 2400 E. COMMERCIAL BLVD., SUITE 208 FORT LAUDERDALE, FL 33308
---	---

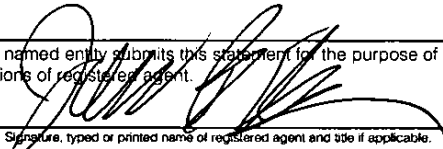
2. Principal Place of Business 1995 E. OAKLAND PARK BLVD.	3. Mailing Address SAME
4. Apt. #, etc. 105	Suite, Apt. #, etc.
City & State FT. LAUDERDALE, FLORIDA	City & State
Zip 33306	Country U.S.A.

08072006 Chg-LLC CR2E083 (11/05)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
---------------	---

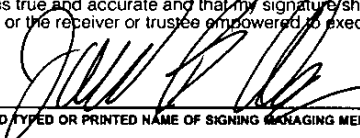
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent DENMAN, JAMES B ESQ SUITE 208, COASTAL TOWER 2400 EAST COMMERCIAL BOULEVARD FT LAUDERDALE, FL 33308	7. Name and Address of New Registered Agent Name JAMES B. DENMAN Street Address (P.O. Box Number is Not Acceptable) 1995 E. OAKLAND PARK BLVD., SUITE 105 City PORT LAUDERDALE FL Zip Code 33306
---	---

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 8-7-06

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DENMAN, JAMES B 2400 E COMMERCIAL BLVD., SUITE 208 FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1995 E. OAKLAND PARK BLVD., SUITE 105 PORT LAUDERDALE, FL 33306 <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: 	DATE 8-7-06 (954) 938-9777