


**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90220 027 \*\*\*\*50.00

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

|  |  |   |  |
|--|--|---|--|
| <b>DOCUMENT # L05000016526</b>   |  |    |  |
| 1. Entity Name<br>CENTURION POLICY SERVICES, LLC   |  |   |  |
| Principal Place of Business<br>1401 E. BROWARD BLVD., SUITE 200<br>FT. LAUDERDALE, FL 33301  |  | Mailing Address<br>1401 E. BROWARD BLVD., SUITE 200<br>FT. LAUDERDALE, FL 33301   |  |
| 2. Principal Place of Business<br>2881 East Oakland Pk. Blvd. 2881 E. Oakland Pk. Blvd.  |  | 3. Mailing Address<br>Suite, Apt. #, etc.<br>Suite 106  |  |
| City & State<br>Ft. Lauderdale, FL   |  | City & State<br>Ft. Lauderdale, FL  |  |
| Zip<br>33306   |  | Country<br>U.S.A.   |  |
| 4. FEI Number<br>81-0669397  |  | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |  |   |  |
| 6. Name and Address of Current Registered Agent<br>FILINGS, INC.<br>3732 N.W. 16TH STREET<br>FT. LAUDERDALE, FL 33311-4132   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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<br>Due by May 1, 2006  |  | Make check payable to<br>Florida Department of State  |  |
| 9. MANAGING MEMBERS/MANAGERS   |  | 10. ADDITIONS/CHANGES   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>MGRM<br>HOLLAND, ANGIE<br>1401 E. BROWARD BLVD., SUITE 200<br>FT. LAUDERDALE, FL 33301 <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>MGRM<br>Holland, Angela<br>2881 E. Oakland Park Blvd., Suite 106<br>Ft. Lauderdale, FL 33306 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>MGR<br>Da Luz, Nancy<br>2881 E. Oakland Park Blvd., Suite 106<br>Ft. Lauderdale, FL 33306 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><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: <u>Angela Holland</u> <u>ANGELA HOLLAND</u> <u>Mar 9/06</u> <u>519-883-1048</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone   |  |   |  |

ATTACHMENT

20020471

#L05000016526

MURRAY, SIMMONS & ZIEGLER, LLP

ATTORNEYS AT LAW

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March 21, 2006

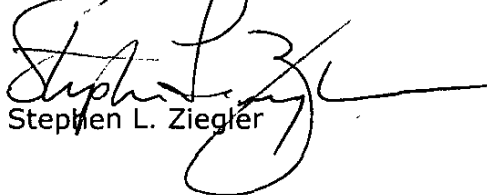
Division of Corporations  
P.O. Box 6478  
Tallahassee, FL 32314

Re: Centurion Policy Services, LLC - 2006 Limited Liability Company  
Annual Report, Document # L05000016526

Dear Sir/Madam:

Enclosed please find the 2006 Limited Liability Company Annual Report for Centurion Policy Services, LLC as well as check # 0142 in the amount of \$50.00 in payment of the filing fee.

Very truly yours,



Stephen L. Ziegler

SLZ:jld  
Encl.

cc: Centurion Policy Services, LLC