2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# L05000018676

Entity Name: FIRST AMERICAN ASSURANCE, LLC

Current Principal Place of Business:

1815 W. 15TH STREET, STE. 1
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1430
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 20-2455903 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUNCZENSKI, EWALD S JR
1815 W. 15TH STREET, STE. 1
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	MUNCZENSKI, EWALD S JR	
Address:	1815 WEST 15TH STREET, SUITE # !	
City-St-Zip:	PANAMA CITY, FL 32401	
Title:	MGRM	( ) Delete
Name:	MORGAN, DONALD W	
Address:	137 LEGEND LAKES	
City-St-Zip:	PANAMA CITY, FL 32411	
Title:	MGRM	( ) Delete
Name:	PETITTI, ANTHONY	
Address:	100 SANDALWOOD CT	
City-St-Zip:	PANAMA CITY BEACH, FL 32413	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: EWALD S MUNCZENSKI MGRM 04/22/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date