

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000018676

FILED
Apr 28, 2009
Secretary of State

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 # 1
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, JR.

MGRM

04/28/2009

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