


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90173 008 \*\*\*\*50.00

<b>DOCUMENT # L05000031512</b>	
<b>1. Entity Name</b> EDISON INSURANCE GROUP, LLC	

<b>Principal Place of Business</b> 1715 MONROE STREET FORT MYERS, FL 33901	<b>Mailing Address</b> 1715 MONROE STREET FORT MYERS, FL 33901
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20000313



<b>2. Principal Place of Business</b> 9800 4th Street North Suite, Apt. #, etc. 307 City & State St. Petersburg FL Zip 33702 Country USA	<b>3. Mailing Address</b> 9800 4th Street North Suite, Apt. #, etc. 307 City & State St. Petersburg FL Zip 33702 Country USA
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01302006 Chg-LLC CR2E083 (11/05)

<b>4. FEI Number</b> 20-2727644	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> WHITESMAN, GUY E 1715 MONROE STREET FORT MYERS, FL 33901	
<b>7. Name and Address of New Registered Agent</b> Name Kelly R. King, CEO Street Address (P.O. Box Number is Not Acceptable) Edison Insurance Group LLC 9800 4th Street North #307 City St. Petersburg FL Zip Code 33702	

**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 Kelly R. King Kelly R. King 1/31/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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
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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: Kelly R. King Kelly R. King 1/31/06 888-328-5171  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT  
20005319  
 #L05000031512

## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT #L05000031512**

**EDISON INSURANCE GROUP, LLC**

### Managing Members/Managers

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D David M. Howard 4717 Royal Palm Circle NE St. Petersburg, FL 33703	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Kelly K. King 1421 Sturbridge Court Dunedin, FL 34698	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert G. Gantley 2307 89 <sup>th</sup> Street NW Bradenton, FL 34209	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Belisle 766 Cal Cove Drive Fort Myers, FL 33919	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Douglas G. Fields 2938 Medinah Weston, FL 33332	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charles K. Idelson 13792 Pine Villa Lane Fort Myers, FL 33912-1618	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James W. Moore 867 Cypress Lake Circle Fort Myers, FL 33919	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John M. Pollock 3533 Stuart Court Fort Myers, FL 33919	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steven C. Shimp 822 Cypress Lake Circle Fort Myers, FL 33919-1622	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gary V. Trippe 1275 Kasamada Drive Fort Myers, FL 33919-1622	<input type="checkbox"/> Change <input type="checkbox"/> Addition