

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031512

FILED
Jan 04, 2008
Secretary of State

Entity Name: EDISON INSURANCE GROUP, LLC

Current Principal Place of Business:

9800 4TH ST N.
SUITE 307
SAINT PETERSBURG, FL 33702

New Principal Place of Business:

Current Mailing Address:

9800 4TH ST N.
SUITE 307
SAINT PETERSBURG, FL 33702

New Mailing Address:

FEI Number: 20-2727644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, KELLY K CFO
EDISON INSURANCE GROUP, LLC
9800 4TH ST N, SUITE 307
SAINT PETERSBURG, FL 33702 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: PD () Delete
Name: HOWARD, DAVID M
Address: 4717 ROYAL PALM CIR NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: SD () Delete
Name: KING, KELLY K
Address: 1421 STURBRIDGE CT
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: GANTLEY, ROBERT G
Address: 2307 89TH ST NW
City-St-Zip: BRADENTON, FL 34209

Title: D () Delete
Name: BELISLE, JOHN
Address: 766 CAL COVE DR
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: FIELDS, DOUGLAS G
Address: 2938 MEDINAH
City-St-Zip: WESTON, FL 33332

Title: D () Delete
Name: IDELSON, CHARLES K
Address: 13792 PINE VILLA LANE
City-St-Zip: FORT MYERS, FL 339121618

ADDITIONS/CHANGES:

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

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

Title: () Change () Addition
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Title: () Change () Addition
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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: KELLY K. KING

CFO

01/04/2008

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