

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90041 027 ***138.75

60037840



04302008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000032688 1. Entity Name FIRST HOME INSURANCE AGENCY, LLC					
Principal Place of Business 222 WEST ADAMS STREET, SUITE 1000 C/O GLENCOE CAPITAL, LLC CHICAGO, IL 60606			Mailing Address 222 WEST ADAMS STREET, SUITE 1000 C/O GLENCOE CAPITAL, LLC CHICAGO, IL 60606		
2. Principal Place of Business - No P.O. Box # 4500 SALISBURY ROAD		3. Mailing Address 4500 SALISBURY RD			
Suite, Apt. #, etc. SUITE 100		Suite, Apt. #, etc. SUITE 100			
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL			
Zip 32216		Country DUVAL		Zip 32216	
Country DUVAL		Country DUVAL			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name W. MICHAEL LEFLER Street Address (P.O. Box Number is Not Acceptable) FIRST HOME INS. CO 4500 SALISBURY ROAD City JACKSONVILLE FL Zip Code 32216		
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 W. MICHAEL LEFLER <i>W. Michael Lefler</i> 4-30-08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GLENCOE CAPITAL, LLC 2212 W ADAMS ST STE 1000 CHICAGO, IL 60606		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT W. MICHAEL LEFLER 4500 SALISBURY ROAD, SUITE 100 JACKSONVILLE, FL 32216		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT STEPHEN KORDUCKI 4500 SALISBURY RD - SUITE 100 JACKSONVILLE, FL 32216		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	
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: <i>Stephen Korducki</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 4/30/2008 803-748-2555 <small>Daytime Phone #</small>		

904-252-7015