

**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      Mailing Address  
 222 WEST ADAMS STREET, SUITE 1000      222 WEST ADAMS STREET, SUITE 1000  
 C/O GLENCOE CAPITAL, LLC      C/O GLENCOE CAPITAL, LLC  
 CHICAGO, IL 60606      CHICAGO, IL 60606

2. Principal Place of Business - No P.O. Box #  
**4500 SALISBURY ROAD**  
 Suite, Apt. #, etc.  
**SUITE 100**  
 City & State  
**JACKSONVILLE, FL**  
 Zip      Country  
**32216      DUVAL**

3. Mailing Address  
**4500 SALISBURY RD**  
 Suite, Apt. #, etc.  
**SUITE 100**  
 City & State  
**JACKSONVILLE, FL**  
 Zip      Country  
**32216      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      State      Zip Code  
**JACKSONVILLE      FL      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      W. Michael Lefler      4-30-08  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**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 <input checked="" 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	PRESIDENT W. MICHAEL LEFLER 4500 SALISBURY ROAD, SUITE 100 JACKSONVILLE, FL 32216 <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	VICE PRESIDENT STEPHEN KORDUCKI 4500 SALISBURY RD - SUITE 100 JACKSONVILLE, FL 32216 <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
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: Stephen Korducki      4/30/2008      803-748-2555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

904-252-7015