


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000034626 1. Entity Name FIRST FLORIDA INSURANCE LLC	
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Principal Place of Business 825 PARKWAY PLAZA SUITE 10 JUPITER, FL 33477 US	Mailing Address 825 PARKWAY PLAZA SUITE 10 JUPITER, FL 33477 US
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DO NOT WRITE IN THIS SPACE



02072008No Chg-LLC

CR2E083 (12/07)

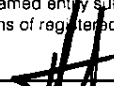
4. FEI Number 20-2687519	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**PLATZ, JEFF
825 PARKWAY PLAZA
SUITE 10
JUPITER, FL 33477**

**DO NOT WRITE
IN THIS SPACE**

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  _____ DATE **2/9/08**

Signature of person printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)


FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000826919
02/21/08-80069-003 143.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PLATZ, JEFF 825 PKWY PLAZA, STE 10 JUPITER, FL 33477
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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:  _____ DATE **2/9/08** Daytime Phone # _____

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE