

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000035736

Entity Name: AGNEW INSURANCE, LLC.

FILED
Apr 29, 2006
Secretary of State

Current Principal Place of Business:

420 U.S. HIGHWAY
12A
NORTH PALM BEACH, FL 33408 US

Current Mailing Address:

420 U.S. HIGHWAY
12A
NORTH PALM BEACH, FL 33408 US

New Principal Place of Business:

850 NW FEDERAL HWY
129
STUART, FL 34997 US

New Mailing Address:

850 NW FEDERAL HWY
129
STUART, FL 34997 US

FEI Number: 20-2656919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHIAVONE, JOSEPH T JR.
5324 EAGLE LAKE DRIVE
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

AGNEW, EDEN P
850 NW FEDERAL HWY
129
STUART, FL 34997 US

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: EDEN P AGNEW

04/29/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AGNEW, EDEN P
Address: 13377 S. INDIAN RIVER DRIVE
City-St-Zip: JENSEN BEACH, FL 34957 US

Title: MGRM () Delete
Name: MARY ANN, AGNEW
Address: 2761 PINE ISLAND ROAD NORTH
City-St-Zip: SUNRISE, FL 33322 US

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: EDEN P AGNEW

MGRM

04/29/2006

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