2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000035860

Entity Name: GOLDEN LEAF INSURANCE LLC

FILED Feb 12, 2007 Secretary of State

Date

Current Principal Place of Business: New Principal Place of Business:

205 W WASHINGTON ST 214 E WASHINGTON ST

SUITE C SUITE A

MINNEOLA, FL 34715 MINNEOLA, FL 34715

Current Mailing Address: New Mailing Address:

PO BOX 2018

MINNEOLA, FL 34755 US

FEI Number: 20-2664594 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KABA CONSULTING INC KABA CONSULTING INC 205 W WASHINGTON ST 214 E WASHINGTON ST SUITE C SUITE A MINNEOLA, FL 34715 US MINNEOLA, FL 34715 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: ALEJANDRO KABA 02/12/2007 Electronic Signature of Registered Agent

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete (X) Change () Addition KABA, JANICE KABA, JANICE Name: Name: Address: 1307 RAIN FOREST LN Address: 16611 ROYAL PALM DR

City-St-Zip: MINNEOLA, FL 34715 US City-St-Zip: GROVELAND, FL 34736 US

(X) Change () Addition Title: MGR () Delete Title: MGR Name: APONTE, CARLOS Name: APONTE, CARLOS Address: 1307 RAIN FOREST LN Address: 1123 BLUEGRASS DR City-St-Zip: MINNEOLA, FL 34715 US City-St-Zip: GROVELAND, FL 34736 US

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: CARLOS APONTE 02/12/2007