2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2006
Secretary of State

DOCUMENT# L05000050741

Entity Name: INSURANCE AGENCY, L.L.C.

Current Principal Place of Business:

8200 113TH STREET, SUITE 2A
SEMINOLE, FL 33772 US

New Principal Place of Business:

Current Mailing Address:

8200 113TH STREET, SUITE 2A
SEMINOLE, FL 33772 US

New Mailing Address:

FEI Number: 20-2879635 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARTSELLE, MAHLON A
13047 PARK BLVD.
SEMINOLE, FL 33776 US

Name and Address of New Registered Agent:

HARTSELLE, MAHLON A
8200 113TH STREET NORTH
SUITE 2A
SEMINOLE, FL 33772 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: MAHLON A HARTSELLE 02/22/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HARTSELLE, MAHLON A
Address: 13047 PARK BLVD
City-St-Zip: SEMINOLE, FL 33776 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HARTSELLE, MAHLON A
Address: 8200 113TH STREET NORTH, SUITE 2A
City-St-Zip: SEMINOLE, FL 33772 US

Title: MGRM ( ) Change (X) Addition
Name: SCARR, BARRY
Address: 8200 113TH STREET NORTH, SUITE 2A
City-St-Zip: SEMINOLE, FL 33772

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: MAHLON A HARTSELLE MGRM 02/22/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date