

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050741

FILED
Apr 30, 2007
Secretary of State

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:

8200 113TH STREET
SUITE 202
SEMINOLE, FL 33772 US

Current Mailing Address:

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

New Mailing Address:

8200 113TH STREET
SUITE 202
SEMINOLE, FL 33772 US

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

Name and Address of New Registered Agent:

SCARR, TONI
8200 113TH STREET NORTH
SUITE 202
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: TONI SCARR

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TONI, SCARR
Address: 8200 113TH STREET NORTH, SUITE 202
City-St-Zip: SEMINOLE, FL 33772

Title: MGRM (X) Change () Addition
Name: SCARR, BARRY
Address: 8200 113TH STREET NORTH, SUITE 202
City-St-Zip: SEMINOLE, FL 33772

I hereby certify that the information supplied with this filing does not qualify 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: TONI SCARR

MGRM

04/30/2007

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