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Apr 20, 2006 8:00 am
Secretary of State

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01-18-2006 90004 031 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000051143

1. Entity Name
INSURVIEW LLC

Principal Place of Business	Mailing Address
7230 HWY 301 S SUITE 3 RIVERVIEW, FL 33569 US	7230 HWY 301 S SUITE 3 RIVERVIEW, FL 33569 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01092006 Chg-LLC CR2E083 (11/05)

4. FEI Number: 20-2968335 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BERGEN, DAVID 7230 HWY 301 S SUITE 3 RIVERVIEW, FL 33569	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	memBER BERGEN, DAVID 7230 HWY 301 SOUTH #3 RIVERVIEW FL 33569 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING member BERGEN, DAVID 7230 Hwy 301 S, Suite 3 Riverview, FL 33569 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	member BERGEN, MELODY 7230 HWY 301 SOUTH #3 RIVERVIEW FL 33569 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER BERGEN, MELODY 7230 Hwy 301 S, Suite 3 Riverview, FL 33569 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: MBergen member DAVID BERGEN 1-9-06 8136531004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

MBergen MANAGING member DAVID BERGEN 2-14-06 813 653 1004