2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000062731

Entity Name: FLORIDA ALL INSURANCE, LLC

FILED Feb 13, 2006 Secretary of State

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

2201 NE 2 AVE. 100 E. LINTON BLVD

DELRAY BEACH, FL 33444 112B

DELRAY BEACH, FL 33483

Current Mailing Address: New Mailing Address:

575 DAVIS ROAD 100 E. LINTON BLVD

DELRAY BEACH, FL 33445 112B

DELRAY BEACH, FL 33483

FEI Number: 43-2084534 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

MESIDORT, DANNY MESIDORT, DANNY MGR 575 DAVIS ROAD 575 DAVIS ROAD

DELRAY BEACH, FL 33445 US DELRAY BEACH, FL 33445 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: DANNY MESIDORT 02/13/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: () Change () Addition

 Name:
 MESIDORT, DANNY
 Name:

 Address:
 575 DAVIS ROAD
 Address:

 City-St-Zip:
 DELRAY BEACH, FL 33445
 City-St-Zip:

Title: () Delete Title: MGRM () Change (X) Addition

 Name:
 Name:
 MESIDORT, FERLINE F

 Address:
 Address:
 4537 HIGHGATE DRIVE #C

 City-St-Zip:
 City-St-Zip:
 DELRAY BEACH, FL 33445

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: DANNY MESIDORT MGR 02/13/2006