2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2007
Secretary of State

DOCUMENT# L05000067114

Entity Name: CONSUMER SELECT INSURANCE OF AMERICA, LLC

Current Principal Place of Business:

199 AVENUE B NW
SUITE 200
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

199 AVENUE B NW
SUITE 200
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 20-3150645 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURGER, FARMER & COHEN, P.L.
1601 FORUM PLACE
SUITE 404
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: NATIONAL INSURANCE S, OLUTIONS, LLC
Address: 52 THIRD STREET NW
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: NATIONAL INSURANCE S, OLUTIONS, LLC
Address: 199 AVENUE B NW SUITE 200
City-St-Zip: WINTER HAVEN, FL 33881

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: LEWIS D OSTEEN PRES 02/06/2007

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