2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Feb 25, 2008
Secretary of State

DOCUMENT# L05000072223

Entity Name: ALL LINES INSURANCE ASSOCIATES, LLC

Current Principal Place of Business:

2500 NORTH MILITARY TRL
SUITE 275
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

2500 NORTH MILITARY TRL
SUITE 275
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 20-3190316 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEISS, STEVEN P
17224 NORTHWAY CIRCLE
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

WEISS, STEVEN P
2500 N MILITARY TR
275
BOCA RATON, FL 33431 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: STEVEN P WEISS 02/25/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WEISS, STEVEN P
Address: 17224 NORTHWAY CIRCLE
City-St-Zip: BOCA RATON, FL 33496

Title: MGRM ( ) Delete
Name: GELLER, MATTHEW M
Address: 2400 E COMMERCIAL BLVD STE 825
City-St-Zip: FORT LAUDERDALE, FL 33496

Title: MGRM ( ) Delete
Name: RODRIQUEZ, EDMUNDO
Address: 2400 E COMMERCIAL BLVD STE 825
City-St-Zip: FORT LAUDERDALE, FL 33496

Title: MGRM ( ) Delete
Name: DIGIORGIO, ANTHONY JR
Address: 2500 N MILITARY TRAIL STE 275
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DIGIORGIO, ANTHONY JR
Address: 2500 N MILITARY TRAIL STE 275
City-St-Zip: BOCA RATON, FL 33431

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: WEISS, STEVEN P
Address: 2500 N MILITARY TRAIL STE 275
City-St-Zip: BOCA RATON, FL 33431

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: ANTHONY DIGIORGIO, JR MGRM 02/25/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date