


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # L05000072932 1. Entity Name SPACE COAST INSURANCE AGENCY, LLC	
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Principal Place of Business 99 N. ATLANTIC AVENUE COCOA BEACH, FL 32931	Mailing Address 99 N. ATLANTIC AVENUE COCOA BEACH, FL 32931
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DO NOT WRITE IN THIS SPACE



04042006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3160522	Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent STAZZONE, JOSEPH 99 N. ATLANTIC AVENUE COCOA BEACH, FL 32931
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2006**

1100000497157
04/22/06-80042-017 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STAZZONE, JOSEPH 99 N. ATLANTIC AVENUE COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, ROBERT 99 N. ATLANTIC AVENUE COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STAZZONE, VINCENT 99 N. ATLANTIC AVENUE COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERNARD, JEFFREY 99 N. ATLANTIC AVENUE COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 officer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Robert Williams MEMBER 4/4/06 321-799-2929