2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000077702

Entity Name: JH INSURANCE SOLUTIONS, LLC

FILED Jul 08, 2006 Secretary of State

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

1780 PALM COVE BLVD 1780 PALM COVE BLVD

#209 #109

DELRAY BEACH, FL 33445 US DELRAY BEACH, FL 33445 US

Current Mailing Address: New Mailing Address:

1780 PALM COVE BLVD 1780 PALM COVE BLVD

#209 #109

DELRAY BEACH, FL 33445 US DELRAY BEACH, FL 33445 US

FEI Number: 20-3274767 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

HEINTZ, JOHN HEINTZ, JOHN

1780 PÁLM COVE BLVD #209 1780 PÁLM COVE BLVD

#209 #109

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: 07/08/2006

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

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

 Name:
 HEINTZ, JOHN
 Name:
 HEINTZ, JOHN

 Address:
 1780 PALM COVE BLVD #209
 Address:
 1780 PALM COVE BLVD #109

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

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: JOHN HEINTZ MGRM 07/08/2006