

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095990

FILED
Mar 12, 2007
Secretary of State

Entity Name: FORTRESS INSURANCE PARTNERS, LLC

Current Principal Place of Business:

890 NORTHER WAY SUITE D-2
WINTER SPRINGS, FL 32708

New Principal Place of Business:

890 NORTHERN WAY
SUITE D-2
WINTER SPRINGS, FL 32708

Current Mailing Address:

890 NORTHER WAY SUITE D-2
WINTER SPRINGS, FL 32708

New Mailing Address:

890 NORTHERN WAY
SUITE D-2
WINTER SPRINGS, FL 32708

FEI Number: 20-3553882

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABBOTT, CARON
890 NORTHERN WAY, STE. D-2
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

ABBOTT, CARON
890 NORTHERN WAY,
SUITE D-2
WINTER SPRINGS, FL 32708 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: CARON ABBOTT

03/12/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ABBOTT, CARON A
Address: 616 LAKE ORIENTA DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: MGR () Delete
Name: ROBY, DEBRA O
Address: 2474 PADDOCK WAY
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES:

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

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

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: CARON ABBOTT

MGR

03/12/2007

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