

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099227

FILED  
Apr 30, 2006  
Secretary of State

Entity Name: COMMUNITY INSURANCE GROUP, LLC

**Current Principal Place of Business:**

28801 SW 157TH AVE  
305  
HOMESTEAD, FL 33033 US

**New Principal Place of Business:**

**Current Mailing Address:**

28801 SW 157TH AVE  
305  
HOMESTEAD, FL 33033 US

**New Mailing Address:**

FEI Number: 20-3621852      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

JENKINS, WALTER III  
1436 NE 40TH RD  
HOMESTEAD, FL 33033 US

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

THE ACCOUNTING DEPARTMENT OF THE SOUTHEAST  
1440 CORAL RIDGE DR  
211  
CORAL SPRINGS, FL 33071 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: WM PAUL BUNNELL

04/30/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HENRY, DOUGLAS P  
Address: 1436 NE 40TH RD  
City-St-Zip: HOMESTEAD, FL 33033

Title: MGRM ( ) Delete  
Name: JENKINS, WALTER III  
Address: 1436 NE 40TH RD  
City-St-Zip: HOMESTEAD, FL 33033 US

Title: MGRM ( ) Delete  
Name: DTRT INSURANCE,  
Address: 2400 E COMMERCIAL BLVD SUITE 825  
City-St-Zip: FORT LAUDERDALE, FL 33308 US

**ADDITIONS/CHANGES:**

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

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: WALTER JENKINS

MGRM

04/30/2006

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