

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099227

FILED
Jan 08, 2007
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:

15600 SW 288TH ST
305
HOMESTEAD, FL 33033 US

FEI Number: 20-3621852

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE ACCOUNTING DEPARTMENT OF THE SOUTHEAST
1440 CORAL RIDGE DR
211
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

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:

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 (X) 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 III

MGRM

01/08/2007

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