2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 11, 2007 08:00 AM Secretary of State

ANNUAL REPORT				
DOCU	MENT # L050001014	143		Secretary of Sta
1. Entity Name AGIS - FLORIDA AGENCY,LLC				
AGIO - FE	ONDA AGENO!, LECO			
Principal Plac	e of Business	Mailing Address	<u> </u>	
	DAD, SUITE 300	1801 LEE ROAD, SUITE 300		
WINTER PAR	K, FL 32789	WINTER PARK, FL 32789		
		<u> </u>		
				01082007 No Chg-LLC CR2E083 (11/05)
DO NOT WRITE IN THIS SPACE			CE	4, FE) Number Applied For
				03-0581931 Not Applicable \$5.00 Additional
	No.	A CHARLES A	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired Fee Required
	6. Name and Address of Current F	egistered Agent	<u> </u>	
KIRCHNER, MICHAEL J 1801 LEE ROAD, SUITE 300				DO NOT WRITE
WINTER PARK, FL 32789			IN THIS SPACE	
				IN THIS SPACE
8 Yho shous	named only submits this statement for	the purpose of phonoing its contribut	ad affice or register	red agent, or both, in the State of Florida. I am familiar with, and accept
	tions of registered agent.	are harbose or criticistics its register	er cure or register	ed agent, or both, it) are state or conder. I am familiar with and accept
SIGNATURE.	<u></u>	· · · · · · · · · · · · · · · · · · ·		
	Signature, typed or printed name of registered agent a	nd tille il applicable. (NOTE, Registeri	ed Agent signature required	d when renstating) DATE
Filing Fee is \$50.00 Due by May 1, 2007				
			-	
9.	MANAGING MEMBEI	RS/MANAGERS	4	
name	KIRCHNER, MICHAEL J			
STREET ADDRESS CITY-ST-ZIP	1801 LEE ROAD, SUITE 300 WINTER PARK, FL 32789		İ	t in the second
TITLE	MGR			UQQQQS83829 01/12/07-80011-021 50.00
NAME	HERR, ANDRIA			01,12,00 00011 021 00100
STREET ADDRESS CITY-ST-ZIP	1801 LEE ROAD, SUITE 300 WINTER PARK, FL 32789			
TITLE				
NAME				
STREET ADDRESS CITY+ST+ZIP		. 4		DO NOT WRITE
TITLE			1	IN THIS SPACE
NAME STREET ADDRESS				IN TINO OF ACE
CHY-ST-ZIP		g garre		
IIILE				
NAME Street Address				
CITY-ST-ZIP				
31315				
NAME STREET ADDRESS	***]	
CITY \$1.70	1		I .	

11. I hereby certify that the information supplied with this filling 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

8 (07