

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000105758

Entity Name: NASSAU INSURANCE, LLC

FILED
Apr 20, 2006
Secretary of State

Current Principal Place of Business:

340 SWEETBRIAR BRANCH LANE
JACKSONVILLE, FL 32259 US

New Principal Place of Business:

340 SWEETBRIER BRANCH LANE
JACKSONVILLE, FL 32259 US

Current Mailing Address:

340 SWEETBRIAR BRANCH LANE
JACKSONVILLE, FL 32259 US

New Mailing Address:

340 SWEETBRIER BRANCH LANE
JACKSONVILLE, FL 32259 US

FEI Number: 34-2059262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOMASSETTI, ARMOND J ESQ.
406 ASH ST.
FERNANDINA BEACH, FL 32034 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: CABELL, BEVERLY A
Address: 340 SWEETBRIAR BRANCH LANE
City-St-Zip: JACKSONVILLE, FL 32259 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CABELL, BEVERLY A
Address: 340 SWEETBRIER BRANCH LANE
City-St-Zip: JACKSONVILLE, FL 32259 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: BEVERLY A CABELL

MGRM

04/20/2006

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