2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008
Secretary of State

DOCUMENT# L05000105758

Entity Name: NASSAU INSURANCE, LLC

Current Principal Place of Business:

340 SWEETBRIER BRANCH LANE
JACKSONVILLE, FL 32259 US

New Principal Place of Business:

Current Mailing Address:

340 SWEETBRIER BRANCH LANE
JACKSONVILLE, FL 32259 US

New Mailing Address:

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 SWEETBRIER BRANCH LANE
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR ( ) Change (X) Addition
Name: CABELL, DAVID M
Address: 340 SWEETBRIER BRANCH LANE
City-St-Zip: JACKSONVILLE, FL 32259

I hereby certify that the information supplied with this filing does not qualify 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: DAVID M CABELL MGR 04/14/2008

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