2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2006
Secretary of State

DOCUMENT# L05000113254

Entity Name: A KAHL-WINTER INSURANCE GROUP, L.L.C.

Current Principal Place of Business:

4101 HEADSAIL DRIVE
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

5135 US HWY 19 N
NEW PORT RICHEY, FL 34652 US

Current Mailing Address:

4101 HEADSAIL DRIVE
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAHL-WINTER, SHERYL N
4101 HEADSAIL DRIVE
NEW PORT RICHEY, FL 34652 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: MGR ( ) Delete
Name: KAHL-WINTER, RANDOLPH H
Address: 4101 HEADSAIL DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: MGR ( ) Delete
Name: KAHL-WINTER, SHERYL N
Address: 4101 HEADSAIL DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652 US

ADDITIONS/CHANGES:

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: SHERYL N KAHL-WINTER MGR 02/25/2006

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