

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000114557

FILED  
Jul 03, 2006  
Secretary of State

Entity Name: THE INSURANCE EXPERT GROUP LLC

**Current Principal Place of Business:**

9753 VINEYARD COURT  
BOCA RATON, FL 33428

**New Principal Place of Business:**

**Current Mailing Address:**

9753 VINEYARD COURT  
BOCA RATON, FL 33428

**New Mailing Address:**

FEI Number: 14-1943173      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

W.J. BARNES, P.A.  
9753 VINEYARD COURT  
BOCA RATON, FL 33428      US

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: CAMILLERI, MICHAEL  
Address: 20283 GATE ROAD 7, SUITE 108  
City-St-Zip: BOCA RATON, FL 33498

Title: MGRM ( ) Delete  
Name: GRIPPA, ANTHONY  
Address: 20283 GATE ROAD 7, SUITE 108  
City-St-Zip: BOCA RATON, FL 33498

Title: MGRM ( ) Delete  
Name: SMART, ROBERT  
Address: 2414 N.W. 30TH ROAD  
City-St-Zip: BOCA RATON, FL 33428

Title: MGRM ( ) Delete  
Name: BARNES, JEFF ESQ.  
Address: 9753 VINEYARD COURT  
City-St-Zip: BOCA RATON, FL 33428

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CAMILLERI, MICHAEL  
Address: 55 NE 5TH AVENUE, SUITE 500  
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM (X) Change ( ) Addition  
Name: GRIPPA, ANTHONY  
Address: 55 NE 5TH AVENUE, SUITE 500  
City-St-Zip: BOCA RATON, FL 33432

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: JEFF BARNES

MGRM

07/03/2006

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