2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120987

Entity Name: COMMUNITY ASSOCIATION GROUP INSURANCE, LLC

FILED Mar 11, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4010 W. BOYSCOUT BLVD. 4010 W. BOYSCOUT BLVD.

SUITE 200 SUITE 200

TAMPA, FL 33607 TAMPA, FL 33607 US

Current Mailing Address: New Mailing Address:

4010 W. BOYSCOUT BLVD. 4010 W. BOYSCOUT BLVD.

SUITE 200 SUITE 200

TAMPA, FL 33607 TAMPA, FL 33607 US

FEI Number: 26-1730049 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BALDWIN, L. LOWRY 4010 W. BOYSCOUT BLVD. SUITE 200 TAMPA, FL 33607 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

Electronic dignature of registered rigent

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: () Change () Addition

 Name:
 KRYSTYN, ELIZABETH H
 Name:

 Address:
 4010 W BOYSCOUT BLVD
 Address:

 City-St-Zip:
 TAMPA, FL 33607 US
 City-St-Zip:

Title: MGR () Delete Title: MGR (X) Change () Addition

Name: BALDWIN, L. LOWRY Name: BALDWIN, L. LOWRY

Address: 4010 W BOYSCOUT BLVD STE 200 Address: 4010 W BOYSCOUT BLVD STE 200

City-St-Zip: TAMPA, FL 33607 City-St-Zip: TAMPA, FL 33607 US

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: L.LOWRY BALDWIN MGR 03/11/2009