2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008
Secretary of State

DOCUMENT# L06000001454

Entity Name: ALLTRUST INSURANCE ADVISORS, L.L.C.

Current Principal Place of Business:

26 WEST ORANGE STREET
TARPON SPRINGS, FL 34689

New Principal Place of Business:

2965 ALTERNATE 19 NORTH
PALM HARBOR, FL 34683

Current Mailing Address:

26 WEST ORANGE STREET
TARPON SPRINGS, FL 34689

New Mailing Address:

2965 ALTERNATE 19 NORTH
PALM HARBOR, FL 34683

FEI Number: 20-4077626 **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:

GASSMAN, ALAN S
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756 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: PRES ( ) Delete
Name: BRAYBOY, KAREN M PRES
Address: 26 W. ORANGE ST.
City-St-Zip: TARPON SPRINGS, FL 34689 US

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: BRAYBOY, KAREN M PRES
Address: 2965 ALTERNATE 19 NORTH
City-St-Zip: PALM HARBOR, FL 34683 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: KAREN BRAYBOY PRES 05/02/2008

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