

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000007700

FILED
Jul 12, 2007
Secretary of State

Entity Name: BEANS INSURANCE AGENCY, LLC

Current Principal Place of Business:

12123 LEM TURNER RD
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

12123 LEM TURNER RD
UNIT 6
JACKSONVILLE, FL 32218 US

Current Mailing Address:

12123 LEM TURNER RD
JACKSONVILLE, FL 32218 US

New Mailing Address:

12123 LEM TURNER RD
UNIT 6
JACKSONVILLE, FL 32218 US

FEI Number: 20-4078014 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: BEANS, LESTER
Address: 12123 LEM TURNER RD
City-St-Zip: JACKSONVILLE, FL 32218 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BEANS, LESTER
Address: 12123 LEM TURNER RD UNIT 6
City-St-Zip: JACKSONVILLE, FL 32218 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: LESTER H. BEANS, JR.

MGR

07/12/2007

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