2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000013007

Entity Name: FLORIDA STATE NO-FAULT INSURANCE AGENCY LLC

FILED Nov 08, 2007 Secretary of State

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

104 EAST FOWLER AVE 200

TAMPA, FL 33612 US

Current Mailing Address: New Mailing Address:

104 EAST FOWLER AVE 200 TAMPA, FL 33612 US

FEI Number: 71-0996112 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:

CHARLES, MANES

20612 WHITEBUD CT

TAMPA, FL 33647 US

GERMAIN, ULRICK

5142 CELLO WOOD LANE

WESLEY CHAPEL, FL 33543 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: ULRICK GERMAIN 11/08/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: (X) Change () Addition () Delete CHARLES, MANES OFFICER GERMAIN, ULRICK OFFICER Name: Name: Address: 20612 WHITEBUD CT Address: 5142 CELLO WOOD LANE City-St-Zip: TAMPA, FL 33647 US City-St-Zip: WESLEY CHAPEL, FL 33543 US

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

 Name:
 GERMAIN, ULRICK OFFICER
 Name:

 Address:
 5142 CELLO WOOD LN
 Address:

 City-St-Zip:
 WESLEY CHAPEL, FL 33543 US
 City-St-Zip:

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: ULRICK GERMAIN MGRM 11/08/2007