

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000032486

FILED  
Jun 01, 2007  
Secretary of State

**Entity Name:** GALT INSURANCE GROUP OF BROWARD COUNTY, LLC

**Current Principal Place of Business:**

9363 WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065 US

**New Principal Place of Business:**

**Current Mailing Address:**

9363 WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065 US

**New Mailing Address:**

FEI Number: 20-4598639      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:**

CAUDILL, JAMES F  
4933 TAMiami TRAIL NORTH  
SUITE 200  
NAPLES, FL 34103 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: GALT, CHRISTIAN R  
Address: 3303 TWILIGHT LANE, UNIT #5102  
City-St-Zip: NAPLES, FL 34109 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GALT, CHRISTIAN R  
Address: 2277 TRADE CENTER WAY  
City-St-Zip: NAPLES, FL 34109 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: CHRISTIAN GALT

MGR

06/01/2007

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