2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# L06000044226

Entity Name: ACKERMAN INSURANCE LOSS PREVENTION, LLC

Current Principal Place of Business:

2729 OAKLEIGH COURT
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

2729 OAKLEIGH COURT
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 36-4591685 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIERCE, ROBERT A
227 SOUTH CALHOUN 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR. ( ) Change (X) Addition
Name: ACKERMAN, ROBERT H JR
Address: 2729 OAKLEIGH COURT
City-St-Zip: TALLAHASSEE, FL 32312 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: ROBERT H. ACKERMAN JR MR. 04/26/2007

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