2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# L06000049597

Entity Name: SUMMIT CLAIMS SERVICE, LLC

Current Principal Place of Business:

218-A EAU GALLIE BLVD #67
INDIAN HARBOUR BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

218-A EAU GALLIE BLVD #67
INDIAN HARBOUR BEACH, FL 32937

New Mailing Address:

FEI Number: 20-5409632 **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:

ELKEN, CRAIG S
218-A EAU GALLIE BLVD #67
INDIAN HARBOUR BEACH, FL 32937 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: MGRM ( ) Delete
Name: ELKEN, CRAIG S
Address: 180 CORAL WAY EAST
City-St-Zip: INDIALANTIC, FL 32903

Title: MGRM ( ) Delete
Name: JONES, SCOTT M
Address: 1629 BAIN DRIVE
City-St-Zip: ERIE, CO 80516

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: CRAIG S. ELKEN MGRM 05/01/2007

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