

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000053626

FILED
Jan 10, 2007
Secretary of State

Entity Name: ALPHA OMEGA INSURANCE GROUP, LLC

Current Principal Place of Business:

4115 W. WATERS AVE
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

4115 W. WATERS AVE
TAMPA, FL 33614

New Mailing Address:

FEI Number: 56-2587956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, ELIZABETH
30653 LANESBOROUGH CIR
WESLEY CHAPEL, FL 33543 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: RODRIGUEZ, ELIZABETH
Address: 30653 LANESBOROUGH CIR
City-St-Zip: WESLEY CHAPEL, FL 33543 US

Title: MGR () Delete
Name: RODRIGUEZ, GILBERTO
Address: 30653 LANESBOROUGH CIR
City-St-Zip: WESLEY CHAPEL, FL 33543 US

Title: MGRM () Delete
Name: BALLESTEROS, RICARDO
Address: 30401 PRINCESS BAY DR
City-St-Zip: WESLEY CHAPEL, FL 33544

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: BALLESTEROS, RICARDO
Address: 30401 PRINCESS BAY DR
City-St-Zip: WESLEY CHAPEL, FL 33544 US

I hereby certify that the information supplied with this filing does not qualify for the 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: RICARDO BALLESTEROS

MGR

01/10/2007

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