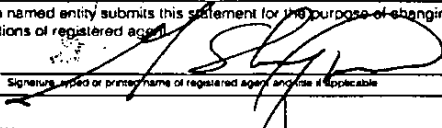
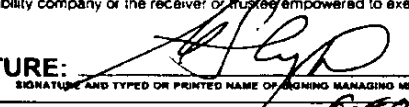


FILED
Apr 12, 2007 8:00 am
Secretary of State

03-16-2007 90151 010 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000057853			
1. Entity Name LENDERS INSURANCE GROUP LLC			
Principal Place of Business 2384 SADLER ROAD FERNANDINA BEACH, FL 32034 US		Mailing Address 2384 SADLER ROAD FERNANDINA BEACH, FL 32034 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		4. FEI Number 20-5006210 Applied For Not Applicable	
6. Name and Address of Current Registered Agent SHEFFIELD, GEORGE W JR 2384 SADLER ROAD FERNANDINA BEACH, FL 32034		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)		DATE 3/8/07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHEFFIELD, GEORGE W JR 2384 SADLER ROAD FERNANDINA BEACH, FL 32034 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MOORE, JAMES S 2384 SADLER ROAD FERNANDINA BEACH, FL 32034 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SHEFFIELD, GEORGE W SR 2384 SADLER ROAD FERNANDINA BEACH, FL 32034 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BODE, LOUIS 2384 SADLER ROAD FERNANDINA BEACH, FL 32034 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 3/3/07 Daytime Phone #	