

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065668

FILED
May 30, 2007
Secretary of State

Entity Name: NETWORK CLAIMS SERVICE, L.L.C.

Current Principal Place of Business:

605 W. MORENO STREET
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

605 W. MORENO STREET
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 20-5148642 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:

SKINNER, TODD A
202 CAMELIA STREET
GULF BREEZE, FL 32561 US

Name and Address of New Registered Agent:

LEE, JAMES F
605 W. MORENO STREET
PENSACOLA, FL 32501 US

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: JAMES F. LEE

05/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCMILLAN, CHARLES
Address: 1441 PLAYER'S CLUB CIRCLE
City-St-Zip: GULF BREEZE, FL 32563

Title: MGRM () Delete
Name: INSURENET, INC.,
Address: 605 W. MORENO STREET
City-St-Zip: PENSACOLA, FL 32501

Title: MGRM (X) Delete
Name: TAS WORKS BY T.A. SK, INNER
Address: 202 CAMELIA STREET
City-St-Zip: GULF BREEZE, FL 32561

Title: MGRM () Delete
Name: GREEN, SCOTT
Address: 1123 PEARSON ROAD
City-St-Zip: MILTON, FL 32583

Title: MGRM () Delete
Name: MATTHEWS, JOHN H
Address: 5119 CHANDELLE DRIVE
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: JAMES F. LEE DBA INS, URENET, INC.
Address: 605 W. MORENO STREET
City-St-Zip: PENSACOLA, FL 32501

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

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: CHARLES A. MACMILLAN

MGRM

05/30/2007

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