2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2008
Secretary of State

DOCUMENT# L06000071645

Entity Name: RFI INSURANCE, LLC

Current Principal Place of Business:

36 BAY POINTE DRIVE
ORMOND BEACH, FL 32174

New Principal Place of Business:

2424 VISTA PALM
EDGEWATER, FL 32141

Current Mailing Address:

36 BAY POINTE DRIVE
ORMOND BEACH, FL 32174

New Mailing Address:

2424 VISTA PALM
EDGEWATER, FL 32141

FEI Number: 11-3784677 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IOCCO, ROBERT F
36 BAY POINTE DRIVE
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

IOCCO, ROBERT F
2424 VISTA PALM
EDGEWATER, FL 32141 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: ROBERT F. IOCCO 01/12/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: IOCCO, ROBERT F
Address: 36 BAY POINTE DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: IOCCO, ROBERT F
Address: 2424 VISTA PALM
City-St-Zip: EDGEWATER, FL 32141

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 F. IOCCO MGRM 01/12/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date