2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 31, 2007
Secretary of State

DOCUMENT# L06000078457

Entity Name: FLORIDA INSURANCE CONSULTANTS, LLC

Current Principal Place of Business:

815 SUMMERFIELD DRIVE
LAKELAND, FL 33803

New Principal Place of Business:

7485 CONROY-WINDERMERE ROAD
SUITE D
ORLANDO, FL 32835

Current Mailing Address:

815 SUMMERFIELD DRIVE
LAKELAND, FL 33803

New Mailing Address:

7485 CONROY-WINDERMERE ROAD
SUITE D
ORLANDO, FL 32835

FEI Number: 20-5352619 **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:

O'CONNOR, PATRICK M ESQ.
O'CONNOR & ASSOCIATES
1250 S. BELCHER ROAD, SUITE 160
LARGO, FL 33771 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: JOHNSON, DOUGLAS D
Address: 4623 PALDIN CIRCLE
City-St-Zip: VERO BEACH, FL 32967

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: DOUGLAS JOHNSON MGRM 07/31/2007

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