2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2008
Secretary of State

DOCUMENT# L06000091292

Entity Name: HIGHMARK INSURANCE, LLC

Current Principal Place of Business:

3150 N WICKHAM RD
SUITE 4
MELBOURNE, FL 32935 US

New Principal Place of Business:

Current Mailing Address:

3150 N WICKHAM RD
SUITE 4
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 20-5557122 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLEMAN, CHRISTOPHER J ESQUIRE
1311 BEDFORD DRIVE
MELBOURNE, FL 32940 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: MGRM ( ) Delete
Name: RADCLIFF, TIM
Address: 3150 N WICKHAM RD SUITE 4
City-St-Zip: MELBOURNE, FL 32935 US

Title: MGRM (X) Delete
Name: HANRAHAN, FRANK
Address: 3150 N WICKHAM RD SUITE 4
City-St-Zip: MELBOURNE, FL 32935 US

ADDITIONS/CHANGES:

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: TIMOTHY RADCLIFF MGRM 07/14/2008

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