

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093148

FILED
Jul 03, 2008
Secretary of State

Entity Name: ZION INSURANCE GROUP, LLC

Current Principal Place of Business:

5732 NORMANDY BLVD., SUITE 4
JACKSONVILLE, FL 32205

New Principal Place of Business:

5310 LENOX AVENUE
SUITE 6
JACKSONVILLE, FL 32205

Current Mailing Address:

5732 NORMANDY BLVD., SUITE 4
JACKSONVILLE, FL 32205

New Mailing Address:

5310 LENOX AVENUE
SUITE 6
JACKSONVILLE, FL 32205

FEI Number: 20-3788865 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:

KIRCE, NITA COOPER
10306 MEADOWS POINT DRIVE
JACKSONVILLE, FL 32221 US

Name and Address of New Registered Agent:

BELLAMY, YOLANDA D
6697 RAPID RIVER DRIVE
JACKSONVILLE, FL 32218 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: YOLANDA D. BELLAMY

07/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: TOWNSEND, FRANK L III
Address: 5732 NORMANDY BLVD., SUITE 4
City-St-Zip: JACKSONVILLE, FL 32205

Title: VP () Delete
Name: TOWNSEND, EARNESTEEN
Address: 9157 FALLSMILL DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: TOWNSEND, FRANK L III
Address: 5310 LENOX AVEUNUE #6
City-St-Zip: JACKSONVILLE, FL 32205

Title: VP (X) Change () Addition
Name: TOWNSEND, EARNESTEEN
Address: 5310 LENOX AVUENUE #6
City-St-Zip: JACKSONVILLE, FL 32244

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: EARNESTEEN TOWNSEND

VP

07/03/2008

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