2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008
Secretary of State

DOCUMENT# L06000105501

Entity Name: EUCLID INSURANCE AGENCIES HOLDINGS, LLC

Current Principal Place of Business:

4550 W. EAU GALLIE BLVD., SUITE 164
MELBOURNE, FL 32934 US

New Principal Place of Business:

Current Mailing Address:

4550 W. EAU GALLIE BLVD., SUITE 164
MELBOURNE, FL 32934 US

New Mailing Address:

FEI Number: 26-1484922 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZIZZO, PAUL
4550 W. EAU GALLIE BLVD., SUITE 164
MELBOURNE, FL 32934 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: EUCLID INSURANCE SER, VICES, INC.
Address: 234 SPRING LAKE DRIVE
City-St-Zip: ITASCA, IL 60143 US

Title: MGRM ( ) Delete
Name: ZIZZO, PAUL
Address: 300 LANSING ISLAND DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937 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: PAUL M. ZIZZO MGR 01/14/2008

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