2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2007
Secretary of State

DOCUMENT# L06000110322

Entity Name: THE WHITAKER INSURANCE AGENCY LLC

Current Principal Place of Business:

838 CRESTWOOD AVE
TITUSVILLE, FL 32796

New Principal Place of Business:

143 HARRISON STREET
TITUSVILLE, FL 32780

Current Mailing Address:

838 CRESTWOOD AVE
TITUSVILLE, FL 32796

New Mailing Address:

143 HARRISON STREET
TITUSVILLE, FL 32780

FEI Number: 20-5919833 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITAKER, ANDREW W
838 CRESTWOOD AVE
TITUSVILLE, FL 32796 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: MGR ( ) Delete
Name: WHITAKER, ANDREW W
Address: 838 CRESTWOOD AVE
City-St-Zip: TITUSVILLE, FL 32796

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: WHITAKER, AMBER R
Address: 838 CRESTWOOD AVE
City-St-Zip: TITUSVILLE, FL 32796

I hereby certify that the information supplied with this filing does not qualify for the 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: ANDREW WHITAKER MGR 01/16/2007

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