2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2008
Secretary of State

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Entity Name: FAMILY INSURANCE, LLC

Current Principal Place of Business:

5513 CARRERA PLACE
JACKSONVILLE, FL 32277

New Principal Place of Business:

Current Mailing Address:

5513 CARRERA PLACE
JACKSONVILLE, FL 32277

New Mailing Address:

FEI Number: 22-3947027 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: SICKLER, NATHAN L
Address: 5513 CARRERA PLACE
City-St-Zip: JACKSONVILLE, FL 32277

Title: MGR ( ) Delete
Name: DIRKSE, BRENDA
Address: 5513 CARRERA PLACE
City-St-Zip: JACKSONVILLE, FL 32277

Title: ST ( ) Delete
Name: SICKLER, JILLIAN G
Address: 5513 CARRERA PLACE
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: SICKLER, JILLIAN G
Address: 5513 CARRERA PLACE
City-St-Zip: JACKSONVILLE, FL 32277

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: NATHAN L SICKLER MGR 01/09/2008

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