


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90114 044 ***143.75

DOCUMENT # L06000118801	
1. Entity Name EXECUTIVE INSURANCE LLC	

Principal Place of Business 3140 W KENNEDY BLVD 200 TAMPA, FL 33609 US	Mailing Address 3140 W KENNEDY BLVD 200 TAMPA, FL 33609 US
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2. Principal Place of Business - No P.O. Box # 3140 W Kennedy Blvd.	3. Mailing Address 3140 W Kennedy Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tampa FL 33609	City & State Tampa FL
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Zip 33609	Country USA	Zip 33609	Country USA
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03212008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8049288	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00	Additional Fee Required
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6. Name and Address of Current Registered Agent MOFFAT, JOSEPH L 3825 HENDERSON BLVD. #602 TAMPA, FL 33629
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7. Name and Address of New Registered Agent Name Joseph L Moffat Street Address (P.O. Box Number is Not Acceptable) 3140 W Kennedy Blvd. City Tampa FL Zip Code 33609


8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	DATE 3-21-08
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOFFAT, JOSEPH L 3825 HENDERSON BLVD. STE 602 TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANZA, MATTHEW S 3140 W KENNEDY BLVD TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 	DATE 3-21-08	DAYTIME PHONE # 813-340-2017
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		