2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 20, 2008
Secretary of State

DOCUMENT# L07000016317

Entity Name: KEN CARLTON INSURANCE LLC

Current Principal Place of Business:

2698 A CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

2698 CRAWFORDVILLE HWY
SUITE A
CRAWFORDVILLE, FL 32327

Current Mailing Address:

2698 A CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327

New Mailing Address:

2698 CRAWFORDVILLE HWY
SUITE A
CRAWFORDVILLE, FL 32327

FEI Number: 20-8645272 **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:

CARLTON, KENNETH L
4028 ROSCVEA DRIVE
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

CARLTON, KENNETH L
4028 ROSCREA DRIVE
TALLAHASSEE, FL 32309 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: KENNETH L CARLTON 05/20/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CARLTON, KENNETH L
Address: 4028 ROSCVEA DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CARLTON, KENNETH L
Address: 4028 ROSCREA DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

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: KENNETH L CARLTON MGRM 05/20/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date