2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2008
Secretary of State

DOCUMENT# L07000028420

Entity Name: FORTUNE INSURANCE SOLUTIONS, LLC

Current Principal Place of Business:

8875 HIDDEN RIVER PARKWAY
SUITE 560
TAMPA, FL 33637 US

New Principal Place of Business:

Current Mailing Address:

8875 HIDDEN RIVER PARKWAY
SUITE 560
TAMPA, FL 33637 US

New Mailing Address:

FEI Number: 20-8674918 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWMAN, NOREK T
8875 HIDDEN RIVER PARKWAY
SUITE 560
TAMPA, FL 33637 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:	NEWMAN, NOREK T	
Address:	8875 HIDDEN RIVER PARKWAY, SUITE 560	
City-St-Zip:	TAMPA, FL 33637 US	
Title:	MGRM	( ) Delete
Name:	WORTMAN, JOHN J	
Address:	200 EXECUTIVE WAY, SUITE 210	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082 US	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	C	( ) Change (X) Addition
Name:	NICK, PHILLIP D	
Address:	200 /EXECUTIVE WAY SUITE 210	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	
Title:	MGR	( ) Change (X) Addition
Name:	NEWMAN, THOMAS N	
Address:	8875 HIDDEN RIVER PKWY STE560	
City-St-Zip:	TAMPA, FL 33637	

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: THOMAS N. NEWMAN PRES 02/19/2008

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