2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# L07000038734

Entity Name: FLORIDA ASSOCIATED INSURANCE CO. LLC

Current Principal Place of Business:

4099 SE CENTERBOARD LN
STUART, FL 34997

New Principal Place of Business:

4099 SE CENTERBOARD LN
STUART, FL 34997 US

Current Mailing Address:

4099 SE CENTERBOARD LN
STUART, FL 34997

New Mailing Address:

4099 SE CENTERBOARD LN
STUART, FL 34997 US

FEI Number: 20-8861077 **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:

MCCULLOUGH, TIMOTHY J
4099 SE CENTERBOARD LN
STUART, FL 34997 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: MCCULLOUGH, TIMOTHY J
Address: 4099 SE CENTERBOARD LN
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MCCULLOUGH, TIMOTHY J
Address: 4099 SE CENTERBOARD LN
City-St-Zip: STUART, FL 34997 US

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: TIMOTHY J MCCULLOUGH MGR 05/01/2008

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