2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2008
Secretary of State

DOCUMENT# L07000049797

Entity Name: INSURANCE ASSOCIATES GROUP, LLC

Current Principal Place of Business:

98 S HIGHLAND AVENUE #1701
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

PO BOX 54
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 26-0141865 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRANT, JAMES R
98 S HIGHLAND AVENUE #1701
TARPON SPRINGS, FL 34689 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: GRANT, JAMES R
Address: PO BOX 54
City-St-Zip: TARPON SPRINGS, FL 34688

Title: MGRM ( ) Delete
Name: GRANT, KAREN
Address: PO BOX 54
City-St-Zip: TARPON SPRINGS, FL 34688

ADDITIONS/CHANGES:

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

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: JAMES R. GRANT MGRM 01/26/2008

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