

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000051353

FILED
Feb 18, 2008
Secretary of State

Entity Name: INSURANCE CONCEPTS LLC

Current Principal Place of Business:

361 N. CENTRAL AVE.
UMATILLA, FL 32784

New Principal Place of Business:

Current Mailing Address:

361 N. CENTRAL AVE.
UMATILLA, FL 32784

New Mailing Address:

FEI Number: 56-2658787

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTOPHERSON, PAUL H
7220 CHESTERHILL CIRCLE
MOUNT DORA, FL 32757 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: SUSS, RUBY J
Address: 4017 E. ORANGE AVE.
City-St-Zip: EUSTIS, FL 32736

Title: MGRM () Delete
Name: OMEGA ACQUISITIONS I, NC.
Address: 7220 CHESTERHILL CIRCLE
City-St-Zip: MOUNT DORA, FL 32757

Title: MGRM () Delete
Name: OLIVER, PHILIP
Address: 3321 INDIAN TRL.
City-St-Zip: EUSTIS, FL 32726

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SUSS, RUBY J
Address: 1600 E. WASHINGTON AVE.
City-St-Zip: EUSTIS, FL 32736

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: PAUL H. CHRISTOPHERSON

MEM.

02/18/2008

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