

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000064306

**FILED**  
**Apr 18, 2008**  
**Secretary of State**

**Entity Name:** JACK RICE INSURANCE ACQUISITION, LLC

**Current Principal Place of Business:**

13080 S. BELCHER ROAD, SUITE H  
LARGO, FL 33773

**New Principal Place of Business:**

**Current Mailing Address:**

13080 S. BELCHER ROAD, SUITE H  
LARGO, FL 33773

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURKE, ROBERT C JR  
412 E. TARPON AVENUE  
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:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MGRM                      ( ) Change (X) Addition  
Name:                      JACK RICE INSURANCE,, LLC  
Address:                      13080 S. BELCHER RD. STE H  
City-St-Zip:                      LARGO, FL 33773

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: JACK RICE INSURANCE, LLC                      MGRM                      04/18/2008

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