## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000064312

Entity Name: JACK RICE INSURANCE III, LLC

FILED Mar 02, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
13080 S. B LARGO, FI	ELCHER RO _ 33773	AD, SUITI	ΕH			
Current Mailing Address:				New Mailing Address:		
13080 S. B LARGO, Fl	ELCHER ROA 33773	AD, SUITI	EH			
FEI Number:	26-0450087	FEI Nur	nber Applied For()	FEI Number Not App	licable ( ) Certificate of Status Desir	ed (X)
Name and	Address of 0	Current R	Registered Agent:	Name and	Address of New Registered Agent:	! !
412 E. TAR	OBERT C JR RPON AVENU BPRINGS, FL		US			
The above in the State		submits t	his statement for the pu	irpose of changing i	its registered office or registered agent	., or both
SIGNATUR	RE:					
	Electro	nic Signat	ure of Registered Ager	nt	Date	
MANAGING N	MEMBERS/MAN	AGERS:		ADDITIONS/	CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM ( RICE,, JACK S 14261 LARK C CLEARWATER	OURT	2 US	Title: Name: Address: City-St-Zip:	MGRM (X) Change ( ) Addition RICE,, JACQUELINE F MRMR 14261 LARK COURT CLEARWATER, FL 33762 US	
Title: Name: Address: City-St-Zip:	MGR ( RICE, JR, JAC 3528 SHOREL PALM HARBOI	INE CIRCLI		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MGR ( WEBSTER, CY 2289 PINNACL PALM HARBOI	E CIRCLE		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MGR ( GROBMYER, X 775 35TH AVE ST. PETERSBI	NUE NORTI	Н	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MGR ( LETTELLEIR, I 9455 KOGER I ST. PETERSBI	BLVD, SUIT	E 200	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MGR ( SELTZER, MA 9455 KOGER I ST. PETERSBI	BLVD. SUIT	E 200	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: JACQUELINE F. RICE MRMR 03/02/2009