2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107244

Entity Name: INSURANCE AND CLAIMS MANAGEMENT LLC

FILED May 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2400 FIRST AVENUE N. 2400 1ST AVENUE N.

ST. PETERSBURG, FL 33713 ST. PETERSBURG, FL 33713

Current Mailing Address: New Mailing Address:

2400 FIRST AVENUE N. 2400 1 ST AVENUE N.

ST. PETERSBURG, FL 33713 ST. PETERSBURG, FL 33713

FEI Number: 75-3246835 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: Name and Address of New Registered Agent:

GORDON, BRENDA GORDON, BRENDA 2400 FIRST AVENUE N. 2400 1ST AVENUE N.

ST. PETERSBURG, FL 33713 US ST. PETERSBURG, FL 33713 US

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: BRENDA GORDON

BRENDA GORDON 05/30/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 GORDON, BRENDA
 Name:

 Address:
 2400 FIRST AVENUE N.
 Address:

 City-St-Zip:
 ST. PETERSBURG, FL 33713
 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: BRENDA GORDON MGR 05/30/2008