2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000022700

City-St-Zip:

Entity Name: ISLAND INSURANCE GROUP, LLC

FILED Aug 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 201 BEACHSIDE DRIVE 3001 OCEAN DRIVE VERO BEACH, FL 32963 SUITE 201 VERO BEACH, FL 32963 **Current Mailing Address: New Mailing Address:** 3001 OCEAN DRIVE 201 BEACHSIDE DRIVE SUITE 201 VERO BEACH, FL 32963 VERO BEACH, FL 32963 FEI Number: 90-0350481 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: DAVID J. POWERS, P.A 7777 GLADES ROAD, SUITE 300 BOCA RATON, FL 33434 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: ADDITIONS/CHANGES: () Delete Title: () Change (X) Addition WILLIAM, KRIENER Name: Name: Address: Address: 5957 SPANISH RIVER ROAD City-St-Zip: City-St-Zip: FT. PIERCE, FL 34951 Title: Title: MR. () Change (X) Addition () Delete GARY, FRAZIER Name: Name: Address: Address: 2001 BEACHSIDE DRIVE

City-St-Zip:

VERO BEACH, FL 32963

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: WILLIAM KRIENER PRES 08/20/2009