2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2009
Secretary of State

DOCUMENT# L08000074720

Entity Name: STUART INSURANCE SERVICES L.L.C.

Current Principal Place of Business:

737 EAST 7TH AVE
APT. A
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

55 OCEAN LANE DRIVE
#2031
KEY BISCAYNE, FL 33149 US

Current Mailing Address:

737 EAST 7TH AVE
APT. A
TALLAHASSEE, FL 32303 US

New Mailing Address:

11111-70 SAN JOSE BLVD
313
JACKSONVILLE, FL 32223 US

FEI Number: 26-3235861 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STUART, LEE D
737 EAST 7TH AVE
APT. A
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

STUART, LEE D
55 OCEAN LANE DRIVE
2031
KEY BISCAYNE, FL 33149 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: _____ 04/18/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: STUART, LEE D
Address: 737 EAST 7TH AVE APT A
City-St-Zip: TALLAHASSEE, FL 32303 US

ADDITIONS/CHANGES:

Title: CEO (X) Change ( ) Addition
Name: STUART, LEE D
Address: 55 OCEAN LANE DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149 US

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: LEE STUART CEO 04/18/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date