2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# L08000105285

Entity Name: JH INSURANCE 1 L.L.C.

Current Principal Place of Business:

10069 WEST HILLSBOROUGH AVE
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

27603 PLEASURE RIDE LOOP
WESLEY CHAPEL, FL 33544

New Mailing Address:

FEI Number: 32-0268782 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNS, BENJAMIN
27603 PLEASURE RIDE LOOP
WESLEY CHAPEL, FL 33544 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: MGRM ( ) Delete
Name: JOHNS, BENJAMIN
Address: 27603 PLEASURE RIDE LOOP
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: MGRM ( ) Delete
Name: HERMAN, MARK
Address: 8834 ROYAL ENCLAVE BLVD.
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: BENJAMIN JOHNS MGRM 03/26/2009

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