2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: LANE-LENNON COMMERCIAL INSURANCE, LLC

Current Principal Place of Business:

838 EAST NEW YORK AVENUE
SUITE C
DELAND, FL 32724 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11
DELAND, FL 32721 US

New Mailing Address:

FEI Number: 27-1305234 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LENNON, DONNA M
838 E NEW YORK AVENUE, SUITE C
DELAND, FL 32724 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: MGR
Name: LENNON, DONNA M
Address: 838 EAST NEW YORK AVENUE SUITE C
City-St-Zip: DELAND, FL 32724 US

Title: MGR
Name: LANE, JOSEPH B
Address: 838 EAST NEW YORK AVENUE SUITE C
City-St-Zip: DELAND, FL 32724 US

I hereby 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 Statues.

SIGNATURE: DONNA M. LENNON MGR 01/11/2011

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