


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L99000003851 1. Entity Name THE INSURANCE ASSOCIATES OF MELBOURNE, L.C.			
Principal Place of Business 736 E. EAU GALLIE BLVD. INDIAN HARBOR BEACH, FL 32937		Mailing Address P.O. BOX 984 MELBOURNE, FL 32902 US	
2. Principal Place of Business 720-724-728 Suite, Apt. #, etc. E. EAU GALLIE BLVD		3. Mailing Address Suite, Apt. #, etc. City & State Indian Harbor Bch FL	
City & State Indian Harbor Bch FL		City & State 	
Zip 32937		Country Brevard	
Zip 		Country 	
6. Name and Address of Current Registered Agent RANEW, BARRY R 736 E. EAU GALLIE BLVD. INDIAN HARBOR BEACH, FL 32937		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 966 S. Wickham Rd. # 102 City W. Melbourne FL Zip Code 32904	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Barry R. Ranew</u> DATE 4-7-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RANEW, BARRY R 736 E. EAU GALLIE BLVD. INDIAN HARBOR BEACH, FL 32937	TITLE NAME STREET ADDRESS CITY-ST-ZIP	966 S. Wickham Rd # 102 W. Melbourne, FL 32904
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Barry R. Ranew</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 4/6/06 <small>Date</small>	
Daytime Phone #		Daytime Phone #	

FILED
06 APR 11 AM 8:09
CLERK OF STATE
TALLAHASSEE, FLORIDA



04072006 Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3583328
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required