2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: INSURANCE RESOURCES, L.L.C.

Current Principal Place of Business:

6620 1ST AVENUE SOUTH
ST. PETERSBURG, FL 337071306

New Principal Place of Business:

Current Mailing Address:

6620 1ST AVENUE SOUTH
ST. PETERSBURG, FL 337071306

New Mailing Address:

FEI Number: 59-3592208 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLS, BERNY CPA
6678 1ST AVE S
SAINT PETERSBURG, FL 33707 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:	FORD, ANITA	
Address:	12175 5TH ST. E.	
City-St-Zip:	TREASURE ISLAND, FL 33706	
Title:	MGRM	( ) Delete
Name:	RALPH, LEE	
Address:	17004 ABASTROS DE AVILLA	
City-St-Zip:	TAMPA, FL 33613	
Title:	MGRM	( ) Delete
Name:	CURRY, ALLYN	
Address:	2744 SUMMERDALE DRIVE NORTH	
City-St-Zip:	CLEARWATER, FL 33761	
Title:	MGRM	( ) Delete
Name:	MITCHELL, ALLISON	
Address:	12465 CITATION RD.	
City-St-Zip:	SPRING HILL, FL 34610	
Title:	MGRM	(X) Delete
Name:	PAWLINA, JONATHAN	
Address:	551-73RD AVE. N, #1	
City-St-Zip:	SAINT PETERSBURG, FL 33706	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: ANITA C. FORD MGRM 01/09/2006

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