

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005037

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

FILED  
Jan 04, 2007  
Secretary of State

**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

**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:

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

01/04/2007

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