


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # M01000000603 1. Entity Name VISTANATIONAL INSURANCE GROUP OF FLORIDA, L.L.C.	
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Principal Place of Business BANK OF AMERICA TOWER, ONE PROGRESS PLAZA SUITE 280 ST. PETERSBURG, FL 33701	Mailing Address 1300 W. HIGGINS ROAD SUITE 220 PARK RIDGE, IL 60068
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DO NOT WRITE IN THIS SPACE



07052006No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3703126	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

PICKARD, JOHN D
BANK OF AMERICA TOWER, ONE PROGRESS PLAZA
SUITE 280
ST. PETERSBURG, FL 33701

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when restateing) DATE _____

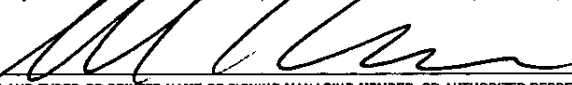
**Filing Fee is \$50.00
Due by September 6, 2006**

U00000570966
07/18/06-80018-008 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PICKARD, JOHN D ONE PROGRESS PLAZA, SUITE 280 ST. PETERSBURG, FL 33701
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IN THIS SPACE**

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:  7/11/06 847-823-8095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #