


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**


**DOCUMENT # M01000000603**

1. Entity Name  
**VISTANATIONAL INSURANCE GROUP OF FLORIDA, L.L.C.**



Principal Place of Business <b>BANK OF AMERICA TWR,1 PRGSS. PLZ.          SUITE 280          ST. PETERSBURG, FL 33701</b>	Mailing Address <b>1415 WEST 22ND ST          SUITE 1000          OAK BROOK, IL 60523</b>
--	--

**DO NOT WRITE IN THIS SPACE**



02152008No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>59-3703126</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PICKARD, JOHN D  
 BNK OF AMERICA TWR 1 PRGSS.PLZ.  
 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 reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

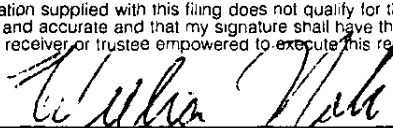
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PICKARD, JOHN D ONE PROGRESS PLAZA, SUITE 280 ST. PETERSBURG, FL 33701</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000836764  
 03/04/08-80030-024 138.75

**DO NOT WRITE 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:**  \_\_\_\_\_

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