

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000004072

FILED
Jan 04, 2007
Secretary of State

Entity Name: CRES INSURANCE SERVICES, LLC

Current Principal Place of Business:

15373 INNOVATION DR SUITE 250
SAN DIEGO, CA 92128

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 500810
SAN DIEGO, CA 92150

New Mailing Address:

FEI Number: 33-0952901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGR () Delete
Name: ALLISON, JAMES N
Address: 15373 INNOVATION DR SUITE 250
City-St-Zip: SAN DIEGO, CA 92128

Title: MGR () Delete
Name: CAMPBELL, DOUGLAS A
Address: 15373 INNOVATION DR SUITE 250
City-St-Zip: SAN DIEGO, CA 92128

Title: MGR () Delete
Name: SILVERMAN, ANDREW
Address: 15373 INNOVATION DR SUITE 250
City-St-Zip: SAN DIEGO, CA 92128

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:

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: ANDREW SILVERMAN

MGR

01/04/2007

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