2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006253

FILED Jan 09, 2008 Secretary of State

Entity Name: ALLIED NORTH AMERICA INSURANCE BROKERAGE OF FLORIDA, LLC

Current Principal Place of Business: New Principal Place of Business:

WATERFORD BUSINESS PARK 550 BILTMORE WAY 5201 BLUE LAGOON DRIVE, STE. 839 PH-2B

MIAMI, FL 33126 CORAL GABLES, FL 33134

Current Mailing Address:

C/O ALLED GROUP HOLDINGS 390 N BROADWAY

390 N. BROADWAY JERICHO, NY 11753 JERICHO, NY 117532125

FEI Number: 02-0720395 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US

MANAGING MEMBERS/MANAGERS:

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:

City-St-Zip:

Electronic Signature of Registered Agent Date

Electronic Signature of Registered Agr

JERICHO, NY 117532125

ADDITIONS/CHANGES:

JERICHO, NY 11753

City-St-Zip:

New Mailing Address:

Title: MGRM () Delete Title: MGR (X) Change () Addition Name: MARINO, WILLIAM A CEO Name: MARINO, WILLIAM A CEO Address: 390 N. BROADWAY Address: 390 N. BROADWAY

Address: 390 N. BROADWAY

City-St-Zip: JERICHO, NY 117532125

Address: 390 N. BROADWAY

City-St-Zip: JERICHO, NY 117532125

City-St-Zip: JERICHO, NY 11753

Title: MGRM () Delete Title: MGR (X) Change () Addition Name: LOMBARDI, HENRY C COO Name: LOMBARDI, HENRY C COO Address: 390 N. BROADWAY Address: 390 N. BROADWAY

Title: () Delete Title: MGR () Change (X) Addition

 Name:
 Name:
 MCGANN, PETER M CFO

 Address:
 Address:
 390 N BROADWAY

 City-St-Zip:
 City-St-Zip:
 JERICHO, NY 11753

Title: () Delete Title: MGR () Change (X) Addition Name: RODRIGUEZ, JOSE MGR DIR Address: 550 BILTMORE WAY, PH-2B

City-St-Zip: City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM A. MARINO CEO 01/09/2008