

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000797

FILED
Apr 28, 2008
Secretary of State

Entity Name: NEWTEK INSURANCE AGENCY, LLC

Current Principal Place of Business:

1627 K STREET NW, 10TH FLOOR
WASHINGTON, DC 20006

New Principal Place of Business:

1627 K STREET NW
10TH FLOOR
WASHINGTON, DC 20006

Current Mailing Address:

1627 K STREET NW, 10TH FLOOR
WASHINGTON, DC 20006

New Mailing Address:

1627 K STREET NW
10TH FLOOR
WASHINGTON, DC 20006

FEI Number: 56-2383514

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: MGRM () Delete
Name: WILSHIRE DC PARTNERS, , LLC
Address: 1627 K STREET NW, 10TH FLOOR
City-St-Zip: WASHINGTON, DC 20006

Title: MGRM () Delete
Name: NEWTEK BUSINESS SERV, ICES, INC.
Address: 1440 BROADWAY, 17TH FLOOR
City-St-Zip: NEW YORK, NY 10018

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SLOANE, BARRY
Address: 1440 BROADWAY, 17TH FLOOR
City-St-Zip: NEW YORK, NY 10018

Title: MGR (X) Change () Addition
Name: BAYER, WILLIAM E
Address: 1627 K STREET NW, SUITE 1000
City-St-Zip: WASHINGTON, DC 20006

Title: MGR () Change (X) Addition
Name: COHEN, SETH A
Address: 1440 BROADWAY, 17TH FLOOR
City-St-Zip: NEW YORK, NY 10018

Title: MGR () Change (X) Addition
Name: ASH, MATTHEW G
Address: 1627 K STREET, SUITE 1000
City-St-Zip: WASHINGTON, DC 20006

Title: MGR () Change (X) Addition
Name: BRUNET, CRAIG J
Address: 1440 BROADWAY, 17TH FLOOR
City-St-Zip: NEW YORK, NY 10018

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: CRAIG J BRUNET

MGR

04/28/2008

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