2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2008
Secretary of State

DOCUMENT# M06000002854

Entity Name: LAPRE SCALI & COMPANY INSURANCE SERVICES, LLC

Current Principal Place of Business:

7436 E. STETSON DRIVE, #280
SCOTTSDALE, AZ 85251

New Principal Place of Business:

8201 N HAYDEN RD
SCOTTSDALE, AZ 85258

Current Mailing Address:

7436 E. STETSON DRIVE, #280
SCOTTSDALE, AZ 85251

New Mailing Address:

8201 N HAYDEN RD
SCOTTSDALE, AZ 85258

FEI Number: 20-4227865 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, STE. 4
WESTON, FL 33331 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: SCALI, TERRENCE M
Address: 7436 E. STETSON DRIVE, #280
City-St-Zip: SCOTTSDALE, AZ 85251

Title: MGRM ( ) Delete
Name: LAPRE, MICHAEL D
Address: 7436 E. STETSON DRIVE, #280
City-St-Zip: SCOTTSDALE, AZ 85251

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SCALI, TERRENCE M
Address: 8201 N HAYDEN RD
City-St-Zip: SCOTTSDALE, AZ 85258

Title: MGRM (X) Change ( ) Addition
Name: LAPRE, MICHAEL D
Address: 8201 N HAYDEN RD
City-St-Zip: SCOTTSDALE, AZ 85258

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: TERRENCE SCALI MGRM 01/16/2008

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