

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000005063

FILED
Feb 16, 2007
Secretary of State

Entity Name: SULLIVANCURTISMONROE INSURANCE SERVICES, LLC

Current Principal Place of Business:

2100 MAIN STREET, SUITE 350
IRVINE, CA 92614

New Principal Place of Business:

Current Mailing Address:

2100 MAIN STREET, SUITE 350
IRVINE, CA 92614

New Mailing Address:

FEI Number: 95-4076864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: W.R. CURTIS & ASSOCI, ATEs INSURANCE BROKERS
Address: 2100 MIAN STREET, SUITE 350
City-St-Zip: IRVINE, CA 92614

Title: MGRM () Delete
Name: JOHN F. MONROE & ASS, OCIATES, INC.
Address: 2100 MIAN STREET, SUITE 350
City-St-Zip: IRVINE, CA 92614

ADDITIONS/CHANGES:

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: WILLIAM R. CURTIS

MGRM

02/16/2007

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