

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M96000000067

FILED
Apr 21, 2006
Secretary of State

Entity Name: FLORIDA FAMILY INSURANCE SERVICES, L.L.C.

Current Principal Place of Business:

720 GOODLETTE ROAD N.
#400
NAPLES, FL 34102

New Principal Place of Business:

720 GOODLETTE ROAD NORTH
SUITE 500
NAPLES, FL 34102

Current Mailing Address:

P.O. BOX 11389
NAPLES, FL 34101

New Mailing Address:

720 GOODLETTE ROAD NORTH
SUITE 500
NAPLES, FL 34102

FEI Number: 59-3373653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARDY, WALTER D
720 GOODLETTE ROAD NORTH
NAPLES, FL 34102 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: HARDY, RICK
Address: 720 GOODLETTE RD. NORTH
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES:

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: RICK HARDY

MGRM

04/21/2006

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