2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2008
Secretary of State

DOCUMENT# M96000000067

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

Current Principal Place of Business:

720 GOODLETTE ROAD NORTH
SUITE 500
NAPLES, FL 34102

New Principal Place of Business:

27599 RIVERVIEW CENTER BLVD.
SUITE 100
BONITA SPRINGS, FL 34134

Current Mailing Address:

720 GOODLETTE ROAD NORTH
SUITE 500
NAPLES, FL 34102

New Mailing Address:

27599 RIVERVIEW CENTER BLVD.
SUITE 100
BONITA SPRINGS, FL 34134

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:

HARDY, WALTER D
27599 RIVERVIEW CENTER BLVD.
SUITE 100
BONITA SPRINGS, FL 34134 US

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: 03/26/2008
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: MGRM (X) Change ( ) Addition
Name: HARDY, RICK
Address: 27599 RIVERVIEW CENTER BLVD. SUITE 100
City-St-Zip: BONITA SPRINGS, FL 34134

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: RICK HARDY MGRM 03/26/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date