2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
27599 RIVERVIEW CENTER BLVD.
SUITE 100
BONITA SPRINGS, FL 34134 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
Name: HARDY, RICK
Address: 27599 RIVERVIEW CENTER BLVD. SUITE 100
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PRES
Name: WIGGS, WILLIAM H
Address: 1450 AMERICAN LANE, #1525
City-St-Zip: SCHAUMBURG, IL 60173

I hereby 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 Statues.

SIGNATURE: RICK HARDY MGRM 04/01/2011

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