

2001 UNIFORM BUSINESS REPORT (UBR)

0032275 SP

DOCUMENT # L00000003073
1. Entity Name
 SOUTHERN INSURANCE GUARANTY, L.L.C.

FILED

01 JAN 22 PM 3:34

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business **Mailing Address**
 2121 PONCE DE LEON BLDV., PH 2 2121 PONCE DE LEON BLDV., PH 2
 CORAL GABLES FL 33134 CORAL GABLES FL 33134

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
 65-1021856 Not Applicable
5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
 BERMAN WOLFE RENNERT VOGEL & MANDLER, P.A.
 100 SOUTHEAST SECOND SREET
 NATIONS BANK TOWER, SUITE 3500
 MIAMI FL 33131-2130

7. Name and Address of New Registered Agent
 Name Registered Agents of Florida, LLC
 Street Address (P.O. Box Number is Not Acceptable) 100 Southeast Second Street
 Suite 3500
 City Miami FL Zip Code 33131-2130

8. 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 V.P. 1/18/02 DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME	MGR MEYERA, STUART I <input type="checkbox"/> Delete
STREET ADDRESS	2121 PONCE DE LEON BLDV., PH 2
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE NAME	MGR LOPEZ, JORGE <input type="checkbox"/> Delete
STREET ADDRESS	2121 PONCE DE LEON BLDV., PH 2
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME	MEYERS, STUART I. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	200003576272-1 <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	-01/26/01--01044--004
CITY-ST-ZIP	*****55.00 *****55.00
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)