

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000003073

FILED  
Mar 13, 2002 8:00 AM  
Secretary of State

Entity Name: SOUTHERN INSURANCE GUARANTY, L.L.C.

## Current Principal Place of Business:

2121 PONCE DE LEON BLDV., PH 2  
CORAL GABLES, FL 33134

## New Principal Place of Business:

2121 PONCE DE LEON BLDV.,  
PH  
CORAL GABLES, FL 33134

## Current Mailing Address:

2121 PONCE DE LEON BLDV., PH 2  
CORAL GABLES, FL 33134

## New Mailing Address:

2121 PONCE DE LEON BLDV.,  
PH  
CORAL GABLES, FL 33134

FEI Number: 65-1021856

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

REGISTERED AGENTS OF FLORIDA, LLC  
100 SOUTHEAST SECOND SREET  
SUITE 3500  
MIAMI, FL 331312130 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/MEMBERS:

Title: MGR ( ) Delete  
Name: MEYERA, STUART I  
Address: 2121 PONCE DE LEON BLDV., PH 2  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR ( ) Delete  
Name: LOPEZ, JORGE  
Address: 2121 PONCE DE LEON BLDV., PH 2  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: STUART I MEYERS FAMI, LY PARTNERSHIP , LTD.  
Address: 2121 PONCE DE LEON BLDV., PH  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM (X) Change ( ) Addition  
Name: JL HOLDING CORP,  
Address: 2121 PONCE DE LEON BLDV., PH 2  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JORGE LOPEZ

VP

03/13/2002

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