

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90204 012 ****50.00

DOCUMENT # L04000043912

1. Entity Name
METLIN CLAIMS MANAGEMENT COMPANY, LLC



Principal Place of Business 2393 S. CONGRESS AVENUE 2ND FLOOR WEST PALM BEACH, FL 33406 US	Mailing Address 2393 S. CONGRESS AVENUE 2ND FLOOR WEST PALM BEACH, FL 33406 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



01102005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1257688	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KARLINSKY, FRED - ESQ.
2000 W. COMMERCIAL BLVD.
SUITE 232
FORT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEVORAH, STEVEN - <input checked="" type="checkbox"/> Delete 2393 S. CONGRESS AVENUE, 2ND FLOOR WEST PALM BEACH, FL 33406	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCATURRO, JOSEPH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2393 S. CONGRESS AVENUE, 2ND FLOOR WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Joseph Scaturro* **JOSEPH SCATURRO MGR** *1/2/05* **561-515-2500**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #