


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90029 041 ****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	
2. Principal Place of Business 6691 Nob Hill Road <small>Suite, Apt. #, etc.</small>		3. Mailing Address 6691 Nob Hill Road <small>Suite, Apt. #, etc.</small>	
City & State Tamarac, FL		City & State Tamarac, FL	
Zip 33321	Country USA	Zip 33321	Country USA
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 <small>Name</small> Karlinsky, Fred - Esq. <small>Street Address (P.O. Box Number is Not Acceptable)</small> 100 S.E. 3rd Avenue 23rd Floor <small>City</small> Fort Lauderdale FL <small>Zip Code</small> 33394	
4. FEI Number 20-1257688 Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
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, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE MGR	NAME SCATURRO, JOSEPH <input type="checkbox"/> Delete	TITLE MGR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Scaturro, Joseph
STREET ADDRESS 2393 S CONGRESS AVE, 2ND FLOOR	CITY-ST-ZIP WEST PALM BEACH, FL 33406	STREET ADDRESS 6691 Nob Hill Road	CITY-ST-ZIP Tamarac, FL 33321
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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: <i>Joseph Scaturro</i> JOSEPH SCATURRO, MGR		3/17/06 954-623-6700	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	