

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L99000004551

1. Entity Name

GRUPO PRIMARY UNDERWRITING LLC



Principal Place of Business

2600 DOUGLAS ROAD, SUITE 807
CORAL GABLES, FL 33134

Mailing Address

2600 DOUGLAS ROAD, SUITE 807
CORAL GABLES, FL 33134

FILED

2004 JUN -9 AM 8:29

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



06082004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0941890

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS
103 NORTH MERIDIAN STREET
LOWER LEVEL
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

07

100037660361
06/09/04 - 01064 - 022 **\$5.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MEM
NAME	GRUPO PRIMARY HOLDINGS LTD.
STREET ADDRESS	41 CEDAR AVE.
CITY-ST-ZIP	HAMILTON HM12, BERMUDA,

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

6/8/04

Date

305-443-6660

Daytime Phone #