## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004551

Entity Name: GRUPO PRIMARY UNDERWRITING LLC

FILED Jun 14, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2600 DOUGLAS ROAD, SUITE 807 2121 SW 3RD AVENUE CORAL GABLES, FL 33134

SUITE 200

MIAMI, FL 33129

**Current Mailing Address: New Mailing Address:** 

2121 SW 3RD AVENUE 2600 DOUGLAS ROAD, SUITE 807 CORAL GABLES, FL 33134 SUITE 200

MIAMI, FL 33129 US

FEI Number: 65-0941890 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPDIRECT AGENTS CORPDIRECT AGENTS, INC. 515 E. PARK AVE 515 E. PARK AVE

TALLAHASSEE, FL 32301 US TALLAHASSEE, FL 32301 US

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: KATIE WONSCH, ASSISTANT SECRETARY 06/14/2007

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MEM ( ) Delete Title: (X) Change ( ) Addition GRUPO PRIMARY HOLDIN, GS LTD. GRUPO PRIMARY HOLDIN, GS LTD. Name: Name:

Address: 41 CEDAR AVE. Address: SWAN BUILDING, 26 VICTORIA STREET City-St-Zip: HAMILTON HM12, BERMUDA, City-St-Zip: HAMILTON HM12, BERMUDA, BM HM12 BM

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TRACY KEILL **MGRM** 06/14/2007