

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065964

FILED  
Mar 18, 2009  
Secretary of State

Entity Name: PREMIUM FINANCE GROUP, L.L.C.

## Current Principal Place of Business:

% P. FINANCIAL  
255 ALHAMBRA CIR., SUITE 600  
CORAL GABLES, FL 33134

## New Principal Place of Business:

561 S MASHTA DR  
KEY BISCAYNE, FL 33149

## Current Mailing Address:

% P. FINANCIAL  
255 ALHAMBRA CIR., SUITE 600  
CORAL GABLES, FL 33134

## New Mailing Address:

561 S MASHTA DR  
KEY BISCAYNE, FL 33149

FEI Number: 20-3436823

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHIFFRIN, MICHAEL  
9130 SOUTH DADELAND BOULEVARD, SUITE 1109  
MIAMI, FL 33156 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/MANAGERS:

Title: MGRM ( ) Delete  
Name: VIDAL, MANUEL  
Address: % P. FINANCIAL, 255 ALHAMBRA CIR., #600  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: VIDAL, MANUEL A  
Address: 561 S MASHTA DR  
City-St-Zip: KEY BISCAYNE, FL 33149

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: MANUEL A VIDAL

PRES

03/18/2009

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