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TALLAHASSEE, FLORIDA

W05-56725
J. BRYAN DEC 28 2005

J. BRYAN JAN 10 2006

JOHN W. CARRY, P.A.
Attorney at Law
One Boca Place
2255 Glades Road, Suite 324A
Boca Raton, Florida 33431

Telephone: (954) 418-8181

Facsimile: (954) 428-1607

December 22, 2005

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: Adams LaRocca, L.L.L.P.

Dear Sir or Madam:

The enclosed Certificate of Limited Liability Limited Partnership, Affidavit of Capital Contributions, Statement of Qualifications, and the following fees are submitted for filing:

1. \$70.00 filing fee based upon Certificate and Affidavit.
2. \$35.00 for designation of registered agent.
3. \$52.50 for certified copy.

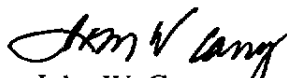
Please return all correspondence concerning this matter to the following:

John W. Carry, Esq.
One Boca Place
2255 Glades Road, Suite 324A
Boca Raton, Florida 33431

For further information concerning this matter, please call John W. Carry at 954-418-8181.

Thank you for your attention to this matter.

Sincerely,


John W. Carry

JWC/dc
enc.

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 28, 2005

JOHN W. CARRY, P.A.
2255 GLADES ROAD, SUITE 324A
BOCA RATON, FL 33431

SUBJECT: ADAMS LAROCCA, L.L.L.P.
Ref. Number: W05000056725

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We have received your document for ADAMS LAROCCA, L.L.L.P. and your check(s) totaling \$157.50. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 005A00073783

JOHN W. CARRY, P.A.

Attorney at Law

One Boca Place

2255 Glades Road, Suite 324A

Boca Raton, Florida 33431

Telephone: (954) 418-8181

Facsimile: (954) 428-1607

January 6, 2006

Joey Bryan
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: Adams LaRocca, L.L.L.P. (Premium Insurance Group, L.L.L.P.)
Document Number W05000056725

Dear Mr. Bryan:

Per our conversation, I have enclosed the new documents for Adams LaRocca, L.L.L.P. now to be known as Premium Insurance Group, L.L.L.P. Enclosed is the Certificate of Limited Liability Limited Partnership, Affidavit of Capital Contributions, Statement of Qualifications, and the additional \$25.00 fee for Statement of Qualifications.

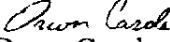
Please return all correspondence concerning this matter to the following:

John W. Carry, Esq.
One Boca Place
2255 Glades Road, Suite 324A
Boca Raton, Florida 33431

For further information concerning this matter, please call John W. Carry at 954-418-8181.

Thank you, your cooperation in this regard has been greatly appreciated.

Sincerely,


Dawn Carole
Secretary

enc.

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TALLAHASSEE, FLORIDA

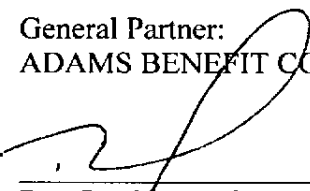
CERTIFICATE OF LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the Limited Liability Limited Partnership is Premium Insurance Group, L.L.L.P.
2. The Limited Liability Limited Partnership address is 600 Corporate Drive, Suite 320, Fort Lauderdale, FL 33334.
3. The Registered Agent for Service of Process is John W. Carry, Esquire.
4. The Post office address for Registered Agent is John W. Carry, Esquire, One Boca Place, 2255 Glades Road, Suite 324 A, Boca Raton, Florida 33431
5. Signature of Registered Agent: .
6. The Limited Liability Limited Partnership mailing address is: 600 Corporate Drive, Suite 320, Fort Lauderdale, FL 33334.
7. The latest date upon which the Limited Liability Limited Partnership is to be dissolved is December 31, 2015.
8. The name of the general partner is Adams Benefit Corporation, a Florida Corporation, Document Number L62820.
9. The street address of the general partner is: 600 Corporate Drive, Suite 320, Fort Lauderdale, FL 33334.

Under penalties of perjury I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 22nd day of December 2005.

General Partner:
ADAMS BENEFIT CORPORATION


By: David B. Adams, President

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TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

The undersigned constituting all of the general partners of Premium Insurance Group, L.L.L.P., a Florida Limited Liability Limited Partnership, certify:

The amount of capital contributions to date of the limited liability limited partner is Ten Thousand Dollars (\$10,000.00).

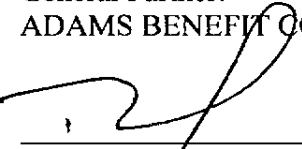
The total amount contributed and anticipated to be contributed by the limited liability limited partner at this time totals Ten Thousand Dollars (\$10,000.00).

Signed this 22 day of December, 2005.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

General Partner:
ADAMS BENEFIT CORPORATION

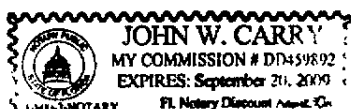

By: David B. Adams, President

STATE OF FLORIDA)
) SS:
COUNTY OF BROWARD)

The foregoing instrument was acknowledged before me this 22nd day of December, 2005, by DAVID B. ADAMS, president of Adams Benefit Corporation, a Florida Corporation, general partner of Premium Insurance Group, L.L.L.P., a Florida Limited Liability Limited Partnership. David B. Adams is personally known to me.


JOHN W. CARRY
Notary Public, State of Florida

My commission expires:



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