

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002315

FILED
Jun 30, 2005
Secretary of State

Entity Name: INTERCONTINENTAL REINSURANCE UNDERWRITING MANAGERS & BROKERS, L.L.C.

Current Principal Place of Business:

7801 LOS PINOS BLVD
CORAL GABLES, FL 331436451

New Principal Place of Business:

7801 LOS PINOS BLVD
CORAL GABLES, FL 331436451 US

Current Mailing Address:

7801 LOS PINOS BLVD
CORAL GABLES, FL 331436451

New Mailing Address:

7801 LOS PINOS BLVD
CORAL GABLES, FL 331436451 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
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:

BLAKE, HELENMARIE
2805 FREEMAN STREET
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

BLAKE, HELENMARIE M LAWYER
2805 FREEMAN STREET
MIAMI, FL 33131 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: HELENEMARIE M. BLAKE

06/30/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BLAKE, JOHN H
Address: 2600 DOUGLAS ROAD, SUITE 1008
City-St-Zip: CORAL GABLES, FL

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BLAKE, JOHN H
Address: 2600 DOUGLAS ROAD, SUITE 1008
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN H. BLAKE

MGRM

06/30/2005

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