2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L01000017840

1. Entity Name



FILED

Apr 10, 2006 8:00 am Secretary of State

04-10-2006 90035 047 ****50.00 FIRST COMMERCIAL UNDERWRITERS, LLC Principal Place of Business Mailing Address 7900 N.W. 155 STREET 7900 N.W. 155 STREET **SUITE # 203** SUITE # 203 MIAMI LAKES, FL 33016 US MIAMI LAKES, FL 33016 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062006 CR2E083 (11/05) Chg-LLC City & State City & State 4. FEI Number Applied For 65-1151665 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status ired Fee Required 6._Name and Address of Current Registered Agent _ -7.-Name and Address -- New Registered Agent-Name BEANE, REGINALD E Street Address (P.O. Box Number is Not At aptable) 5088 N.W. 81 AVENUE CORAL SPRINGS, FL 33067 Zip Code FI 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the St. ie of Florida. I am familiar with, and accept the obligations of registered agent. 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 May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE TITLE ☐ Delete ☐ Change ■ Addition MGR CAMILLERI, MICHAEL Camilleri, Michael 55 N.E. 5 Ave Suite # NAME NAME 1115 BEL AIR DRIVE STREET ADDRESS STREET ADDRESS HIGHLAND BEACH, FL 33487 C/TY-ST-ZIP CITY-ST-ZIP Boca Raton, Fl 33432 MGRM TITLE ☐ Delete TITLE ☐ Change MGRM Addition ESPINOSA, LUIS M Espinosa, Luis M. 7900 N.W. 155th St. Suite # NAME NAME STREET ADORESS 15525 NW 83RD CT STREET ADDRESS MIAMI LAKES, FL 33016 CITY-ST-ZIP CITY-ST-ZIP <u>Miami Lakes.</u> Fl 33016 TITLE MGR ☐ Delete TITLE Change ☐ Addition BEANE, REGINALD E NAME NAME STREET ADDRESS 5088 N.W. 81 AVENUE STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33067 CITY-ST-ZIP Delete MGR ☐ Addition TITLE TITLE Change MGR NAME CAMBERT, RENE M NAME Cambert, Rene M. 7900 N.W. 155 St. Sui Miami Lakes, Fl 33016 STREET ADDRESS 15824 N.W. 83 AVENUE STREET ADDRESS Suite # 201 CITY-ST-ZIP MIAMI LAKES, FL 33016 CITY-ST-7IP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME

STREET ADDRESS

CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida St. 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 amigrited liability company or the receiver or trospectations. I hereby certify that the information \$

es. I further certify that the information managing member or manager of the

Date

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Rene M. Cambert ANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 4/6/2006

Davime Phone #