


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000020205	
Entity Name I.A.C. PREMIUM FINANCE COMPANY, LLC	

Principal Place of Business 6101 BLUE LAGOON DR 100 MIAMI, FL 33126	Mailing Address 6101 BLUE LAGOON DR 100 MIAMI, FL 33126
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01092006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1155699	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FREIRE, ROBERTO R 6101 BLUE LAGOON DRIVE SUITE 100 MIAMI, FL 33126

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 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**

110000399614
02/01/06-80019-010 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUADRA, ENRIQUE 6101 BLUE LAGOON DR. STE-100 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALVAREZ, LUIS 6101 BLUE LAGOON DR. STE 100 MIAMI, FL 33126
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 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: E. Cuadra **E. CUADRA** 1/17/06 305-260-3602
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #