


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000020205 1. Entity Name R.A.C. PREMIUM FINANCE COMPANY, LLC	
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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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01072008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1155699	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FREIRE, ROBERTO R 6101 BLUE LAGOON DRIVE SUITE 100 MIAMI, FL 33126
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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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01/23/08-80103-013 138.75

**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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____