2005 LIMITED LIABILITY COMPANY . ANNUAL REPORT

FILED Jan 21, 2005 8:00 am Secretary of State

DOCUMENT # L03000002448 1. Entity Name UNIVERSAL INSURANCE AND INVESTMENTS, L.C.								01-21-2005	_		
Principal Place of Business 98 YOAKUM COURT PENSACOLA, FL 32505			Mailing Address 98 YOAKUM COURT PENSACOLA, FL 3250	05	•						
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			\neg	01132005	Chg-LLC	CR2E	083 (10/03)	
City & State			City & State				4. FEI Number 32-0064			 	phied For ot Applicable
Zip Country			Zip	Zip Counti		5. Certificate of Status Desire			Fee Required		
	6. Name	and Address of Current	Registered Agent		Name .		7. Name and	Address of New	Registered	Agent	
EVANS, JA	AMES G					Donald G. Bowen					
616 NEW WARRINGTON RD PENSACOLA, FL 32506					Street Add	dress (P.O. Box Number is Not Acceptable)					
					City P	en s	acola		FL	Zip Code	<u> </u>
8. The above	named entit	y submits this statement fo	or the purpose of changing it	s register				, in the State of F	lorida. I am	familiar with,	and accept
the obligations of registered agent. SIGNATURE Donald G. Bowen Manas in a Member 1-13-2005 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature reduced with reinstating) DATE											
SIGNATURE .	Signature, typed	or printed name of registered agent				AS /	ng May (which reinstating)	ser	DATE	3-200	7،
Fi	Signature, typed	is \$50.00				AAS //	m g M (my) whom reinstating)	Ma	DATE ake check p		
9.	iling Fee i ue by Ma	is \$50.00	and title if applicable. (NO	TE: Registere	ac Agent signature	AS /	ng M (my) whith reinstating)	Ma Flori	DATE ake check p	payable to nent of State	3
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: Develo G. Bour Managing Manuler 1/13/05 850-465-02/6
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGENG MEMBER, MANAGENG OR JUSTHOPRIZED REPRESENTATIVE DISC Dayure Proce 9