2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010085

Entity Name: REASEGURAR L.C.

FILED Jan 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1395 BRICKELL AVE 335 SOUTH BISCAYNE BLVD

3507 823

MIAMI, FL 33131 MIAMI, FL 33131

Current Mailing Address: New Mailing Address:

1395 BRICKELL AVE 335 SOUTH BISCAYNE BLVD

3507

MIAMI, FL 33131 MIAMI, FL 33131

FEI Number: 03-0514189 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PASTORE, GUILLERMO PASTORE, GUILLERMO 1395 BRICKELL AVE 335 SOUTH BISCAYNE BLVD 823 3507

MIAMI, FL 33131 US 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: 01/27/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: (X) Change () Addition () Delete

PASTORE, GUILLERMO PASTORE, GUILLERMO Name: Name: Address: 1395 BRICKELL AVE, SUITE 823 Address: 335 SOUTH BISCAYNE BLVD SUITE 3507

MIAMI, FL 33131 MIAMI, FL 33131

City-St-Zip: City-St-Zip:

Title: Title: MGR () Change (X) Addition () Delete FILIPPELLO, MARIA

Name: Name:

Address: Address: 335 SOUTH BISCAYNE BLVD SUITE 3507

City-St-Zip: City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GUILLERMO PASTORE 01/27/2009