

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012038

FILED
Aug 27, 2007
Secretary of State

Entity Name: THE UNITED INSURANCE GROUP OF FLORIDA, LLC

Current Principal Place of Business:

280 BUSINESS PARK CIRCLE
SUITE 407
ST AUGUSTINE, FL 32095

New Principal Place of Business:

Current Mailing Address:

280 BUSINESS PARK CIRCLE
SUITE 407
ST AUGUSTINE, FL 32095

New Mailing Address:

FEI Number: 80-0057782 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FENDER, DAVID V III
1800 CALLE EL JARDIN #101
ST AUGUSTINE, FL 32095 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FENDER, DAVID
Address: 180 CALLE EL JARDIN #101
City-St-Zip: ST AUGUSTINE, FL 32095

Title: MGRM () Delete
Name: WATSON, WILLIAM
Address: 209 SANDSTONE DR
City-St-Zip: TAYLORS, SC 29687

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID FENDER

MGRM

08/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date