2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# L03000016574

Entity Name: PHOENIX INDEMNITY, LLC

Current Principal Place of Business:

9357 N.W. 50 DORAL CIRCLE, NORTH
MIAMI, FL 33178

New Principal Place of Business:

P.O. BOX 881141
PORT SAINT LUCIE, FL 349881141 US

Current Mailing Address:

9357 N.W. 50 DORAL CIRCLE, NORTH
MIAMI, FL 33178

New Mailing Address:

P.O. BOX 881141
PORT SAINT LUCIE, FL 349881141 US

FEI Number: 14-1883510 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTY, GEORGINA
577 SW MCCOMB AVENUE
PORT ST. LUCIE, FL 349533812 US

Name and Address of New Registered Agent:

CASANOVA, GEORGINA M MD
P.O. BOX 881141
PORT SAINT LUCIE, FL 349881141 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: GEORGINA MARTY CASANOVA 04/19/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: CASANOVA, GEORGINA M
Address: 50 MENORES AVE. #824
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CASANOVA, GEORGINA M
Address: P.O. BOX 881141
City-St-Zip: PORT SAINT LUCIE, FL 349881141

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GEORGINA MARTY CASANOVA MD 04/19/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date