


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000038764 1. Entity Name ROCKWELL INSURANCE SERVICES, LLC	
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Principal Place of Business 901 PONCE DE LEON BLVD., STE 203 CORAL GABLES, FL 33134	Mailing Address 901 PONCE DE LEON BLVD., SUITE 203 CORAL GABLES, FL 33134
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05012006No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 03-0531076	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  O'NAGHTEN, JUAN T 2950 SW 27 AVE SUITE 300 MIAMI, FL 33133
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHOMAT, GUSTAVO I 901 PONCE DE LEON BLVD., STE 203 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP FROGET, GERALDINE 901 PONCE DE LEON BLVD., STE 203 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AVP FERRAN, MARIA C 901 PONCE DE LEON BLVD., STE 203 CORAL GABLES, FL 33134
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 05/19/06-80043-013 50.00

**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:** *Gustavo Chomat* **GUSTAVO I. CHOMAT** **5/1/06** **(305) 448-0743**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #