2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2006
Secretary of State

DOCUMENT# L04000021022

Entity Name: AMERICAN SOUTHWEST INSURANCE MANAGERS OF FLORIDA, L.L.C.

Current Principal Place of Business:

6100 BLUE LAGOON DRIVE
SUITE 250
MIAMI, FL 33126

New Principal Place of Business:

7205 CORPORATE CENTER DR
SUITE 200
MIAMI, FL 33126

Current Mailing Address:

6100 BLUE LAGOON DRIVE
SUITE 250
MIAMI, FL 33126

New Mailing Address:

P O BOX 701749
DALLAS, TX 75370

FEI Number: 51-0511556 **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:

WHITED, JIMMY E
6100 BLUE LAGOON DRIVE, SUITE 250
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

WHITED, JIMMY E
7205 CORPORATE CENTER DR.
SUITE 200
MIAMI, FL 33126 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: _____ 05/30/2006
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WHITED, JIMMY E
Address: 6100 LAGOON DRIVE, SUITE 250
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WHITED, JIMMY E
Address: 7205 CORPORATE CENTER DR.
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the 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: JIMMY E WHITED MGR 05/30/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date