



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90029 041 \*\*\*\*50.00

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|--|--|--|--|--|---|
| <b>DOCUMENT # L04000043912</b><br>1. Entity Name<br><b>METLIN CLAIMS MANAGEMENT COMPANY, LLC</b>   |  |  |  |   |   |
| Principal Place of Business<br><b>2393 S. CONGRESS AVENUE<br/>2ND FLOOR<br/>WEST PALM BEACH, FL 33406 US</b>   |  |  | Mailing Address<br><b>2393 S. CONGRESS AVENUE<br/>2ND FLOOR<br/>WEST PALM BEACH, FL 33406 US</b> |  |   |
| 2. Principal Place of Business<br><b>6691 Nob Hill Road</b><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><b>6691 Nob Hill Road</b><br>Suite, Apt. #, etc. |  |    |   |
| City & State<br><b>Tamarac, FL</b>   |  | City & State<br><b>Tamarac, FL</b>                                     |  | 4. FEI Number<br><b>20-1257688</b>   |   |
| Zip<br><b>33321</b>  |  | Country<br><b>USA</b>  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent<br><b>KARLINSKY, FRED - ESQ.<br/>2000 W. COMMERCIAL BLVD.<br/>SUITE 232<br/>FORT LAUDERDALE, FL 33309</b>  |  |  |  | 7. Name and Address of New Registered Agent<br>Name<br><b>Karlinsky, Fred - Esq.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>100 S.E. 3rd Avenue<br/>23rd Floor</b><br>City<br><b>Fort Lauderdale</b> <b>FL</b> Zip Code<br><b>33394</b> |   |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____  |  |  |  |  |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |  | <b>Make check payable to<br/>Florida Department of State</b>           |  |  |   |
| 9. MANAGING MEMBERS/MANAGERS   |  |  | 10. ADDITIONS/CHANGES  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>SCATURRO, JOSEPH<br>2393 S CONGRESS AVE, 2ND FLOOR<br>WEST PALM BEACH, FL 33406 | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR.<br>Scaturro, Joseph<br>6691 Nob Hill Road<br>Tamarac, FL 33321 |
|  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition      |  |  |   |
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| 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: <u>Joseph Scaturro</u> <b>JOSEPH SCATURRO, MGR</b> <u>3/17/06</u> <u>954-623-6700</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #   |  |  |  |  |   |