2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# L04000089823

Entity Name: JAAG UNDERWRITING COMPANY, LLC

Current Principal Place of Business:

100 2ND AVE NORTH
SUITE 300
ST PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

100 2ND AVE NORTH
SUITE 300
ST PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 05-0620306 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELMER, SHELLI A
100 2ND AVE NORTH
SUITE 300
ST PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

LILAK, DOUGLAS F
100 2ND AVE NORTH
SUITE 300
ST PETERSBURG, FL 33701 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: DOUGLAS F. LILAK 04/25/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MR	( ) Delete
Name:	LILAK, DOUGLAS F	
Address:	100 SECOND AVE NORTH SUITE 300	
City-St-Zip:	ST PETERSBURG, FL 33701	
Title:	MRS	(X) Delete
Name:	ELMER, SHELLI A	
Address:	100 SECOND AVE NORTH SUITE 300	
City-St-Zip:	ST PETERSBURG, FL 33701	
Title:	MR	( ) Delete
Name:	BRANCH, GREGORY	
Address:	100 SECOND AVE NORTH SUITE 300	
City-St-Zip:	ST PETERSBURG, FL 33701	
Title:	MR	( ) Delete
Name:	CRAWLEY, HUGO	
Address:	100 SECOND AVE NORTH SUITE 300	
City-St-Zip:	ST PETERSBURG, FL 33701	
Title:	MR	( ) Delete
Name:	OSWALD, SAMUEL	
Address:	100 SECOND AVE NORTH SUITE 300	
City-St-Zip:	ST PETERSBURG, FL 33701	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: SAMUEL D. OSWALD MGRM 04/25/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date