2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000014115

Entity Name: BARS INSURANCE & REINSURANCE, L.L.C.

FILED Mar 26, 2007 Secretary of State

New Principal Place of Business: Current Principal Place of Business:

1110 BRICKELL AVE. SUITE 212 MIAMI, FL 33131

Current Mailing Address: New Mailing Address:

1110 BRICKELL AVE. SUITE 212 MIAMI, FL 33131

FEI Number: 59-3797400 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GUZMAN & GUZMAN, P.A. GUZMAN & GUZMAN, P.A. C/O MARIO I. GUZMAN C/O MARIO I. GUZMAN 9130 S DADELAND BLVD., STE #1600 9130 S DADELAND BLVD., STE #1504 MIAMI, FL 33156 US MIAMI, FL 33156 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.

ADDITIONS/CHANGES:

SIGNATURE: 03/26/2007

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

() Delete

Title: (X) Change () Addition LA HOLANDO SUDAMERIC, ANA CORP LA HOLANDO SUDAMERIC, ANA CORP Name: Name: Address: 9130 SOUTH DADELAND BLVD., SUITE #1504 Address: 9130 SOUTH DADELAND BLVD., SUITE #1600

City-St-Zip: MIAMI, FL 33156 City-St-Zip: MIAMI, FL 33156

Title: () Delete Title: MGRM () Change (X) Addition

Name: Name: PASTORE, GUILLERMO

Address: Address: 9130 SOUTH DADELAND BLVD, SUITE 1600

City-St-Zip: City-St-Zip: MIAMI, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: GUILLERMO PASTORE **MGRM** 03/26/2007