

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**REJECTED**

02-06-2006 90174010-150.00

L05000031518

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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<b>DOCUMENT # L05000031518</b> 1. Entity Name <b>EDISON INSURANCE UNDERWRITERS, LLC</b>					
Principal Place of Business <b>1715 MONROE STREET FORT MYERS, FL 33901</b>			Mailing Address <b>1715 MONROE STREET FORT MYERS, FL 33901</b>		
2. Principal Place of Business <b>9800 4th Street North</b> Suite, Apt. #, etc. <b>307</b> City & State <b>St Petersburg FL</b> Zip Country <b>33702 USA</b>		3. Mailing Address <b>9800 4th Street North</b> Suite, Apt. #, etc. <b>307</b> City & State <b>St Petersburg FL</b> Zip Country <b>33702 USA</b>			
4. FEI Number <b>01302008</b> Chg-LLC <b>CR2E083 (11/05)</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>WHITESMAN, GUY E 1715 MONROE STREET FORT MYERS, FL 33901</b>			7. Name and Address of New Registered Agent Name <b>Kelly K. King CFO</b> Street Address (P.O. Box Number is Not Acceptable) <b>Edison Insurance Underwriters, LLC</b> <b>9800 4th Street North #307</b> City <b>St Petersburg</b> <b>FL</b> Zip Code <b>33702</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 <u><i>Kelly K. King</i></u> <u><i>Kelly K. King</i></u> <u><i>1/31/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			<b>P David M. Howard</b> <b>4717 Royal Palm Circle NE</b> <b>St Petersburg FL 33703</b>		
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><i>Kelly K. King</i></u> <u><i>Kelly K. King</i></u> <u><i>1/31/06</i></u> <u><i>888 328-5171</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					