

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000031518

**FILED**  
**Jan 04, 2007**  
**Secretary of State**

**Entity Name:** EDISON INSURANCE UNDERWRITERS, LLC

**Current Principal Place of Business:**

1715 MONROE STREET  
FORT MYERS, FL 33901

**New Principal Place of Business:**

9800 4TH STREET NORTH  
SAINT PETERSBURG, FL 33702

**Current Mailing Address:**

1715 MONROE STREET  
FORT MYERS, FL 33901

**New Mailing Address:**

9800 4TH STREET NORTH  
SAINT PETERSBURG, FL 33702

**FEI Number:** 20-2727713

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KING, KELLY K CFO  
9800 4TH STREET NORTH #307  
ST PETERSBURG, FL 33702 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: HOWARD, DAVID M  
Address: 4717 ROYAL PALM CIRCLE NE  
City-St-Zip: ST PETERSBURG, FL 33703

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KELLY K. KING

CFO

01/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date