

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000059205

**FILED**  
**Apr 20, 2006**  
**Secretary of State**

**Entity Name:** PHOENIX INSURANCE UNDERWRITERS, L.L.C.

**Current Principal Place of Business:**

238 PALMERO AVE.  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

238 PALERMO AVE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

238 PALMERO AVE.  
CORAL GABLES, FL 33134

**New Mailing Address:**

238 PALERMO AVE  
CORAL GABLES, FL 33134

**FEI Number:** 20-3360793

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GUZMAN, HILDA  
101 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: P ( ) Change (X) Addition  
Name: MORALES, MARIA V  
Address: 238 PALERMO AVE  
City-St-Zip: CORAL GABLES, FL 33134

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:** MARIA V MORALES

P

04/20/2006

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