

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059205

FILED
Apr 18, 2007
Secretary of State

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

Current Principal Place of Business:

238 PALERMO AVE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

238 PALERMO AVE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-3360793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORALES, MARIA V
238 PALERMO AVE
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: PD () Delete
Name: BENITEZ, CARLOS M
Address: 510 MUNOZ RIVERA AVE
City-St-Zip: HATO REY PR 00918,

Title: TD () Delete
Name: GARCIA, MARIA JULIA
Address: 510 MUNOZ RIVERA AVE
City-St-Zip: HATO REY PR 00918,

Title: D () Delete
Name: BENITEZ, JORGE E
Address: 238 PALERMO AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: DELGADO, LINA M
Address: 238 PALERMO AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: MORALES, MARIA V
Address: 238 PALERMO AVE
City-St-Zip: CORAL GABLES, FL 33134

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 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: CARLOS M BENITEZ

PD

04/18/2007

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