


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90108 001 ****55.00

DOCUMENT # L05000076513	
1. Entity Name UNITED FINANCIAL AND REINSURANCE LLC	

Principal Place of Business 5801 FOUNTAIN DRIVE SOUTH LAKE WORTH FL 33467	Mailing Address 5801 FOUNTAIN DRIVE SOUTH LAKE WORTH FL 33467
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2. Principal Place of Business 1551 N. Flagler Dr. #1116 West Palm Beach, FL 33401 US	3. Mailing Address 1551 N. Flagler Dr. #1116 West Palm Beach, FL 33401 US
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1st MOORE CR2E083 (10/05)

4. FEI Number 76-0799753		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent CECCHINI, WALTER R JR. 5801 FOUNTAIN DRIVE SOUTH LAKE WORTH FL 33467		
7. Name and Address of New Registered Agent Name Walter R. Cecchini Jr. Street Address (P.O. Box Number is Not Acceptable) 1551 N. Flagler Dr. #1116 City West Palm Beach FL Zip Code 33401		

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 Walter R. Cecchini Jr. (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006</p>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CECCHINI, WALTER R JR. 5801 FOUNTAIN DRIVE LAKE WORTH FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Walter R. Cecchini Jr. 1551 N. Flagler Dr. #1116 West Palm Beach, FL 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Walter R. Cecchini Jr. (561) 837-9201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #