


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

02-22-2006 90108 027 ****55.00

DOCUMENT # L05000083821 1. Entity Name PACIFIC RE-INSURANCE COMPANY, LLC					
Principal Place of Business 5801 FOUNTAIN DRIVE SOUTH LAKE WORTH FL 33467 US			Mailing Address 5801 FOUNTAIN DRIVE SOUTH LAKE WORTH FL 33467 US		
2. Principal Place of Business 1551 N. Flagler Dr. Suite, Apt. #, etc. #1116 City & State West Palm Beach, FL Zip 33401 Country US		3. Mailing Address 1551 N. Flagler Dr. Suite, Apt. #, etc. #1116 City & State West Palm Beach, FL Zip 33401 Country US			
4. FEI Number 76-0799748				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/05)	
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 <u>Walter R. Cecchini Jr.</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CECCHINI, WALTER R JR. 5801 FOUNTAIN DRIVE SOUTH LAKE WORTH FL 33467	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Walter R. Cecchini Jr. 1551 N. Flagler Dr. #1116 West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Walter R. Cecchini Jr.</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE			(561)837-9201 Daytime Phone #		