2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000083821

1. Entity Name
PACIFIC RE-INSURANCE COMPANY, LLC

Principal Place of Business	Mailing Address
1551 N FLAGLER DR STE 1116 WEST PALM BEACH, FL 33401 US	1551 N FLAGLER DR STE 1116 WEST PALM BEACH, FL 33401 US

01162007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0799748
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CECCHINI, WALTER R JR.
1551 N FLAGLER DR 1116
WEST PALM BEACH, FL 33401

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	CECCHINI, WALTER R JR
STREET ADDRESS	1551 N FLAGLER DR 12116
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	MGRM
NAME	CECCHINI, WALTER R JR.
STREET ADDRESS	1551 N FLAGLER DR 1116
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 1-23-07 Walter R. Cecchini Jr. (561) 837-9201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #