2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 27, 2006 8:00 am Secretary of State

DOCUMENT # L05000110514 1. Entity Name MAPFRE RE, LLC						02-27-2006 90429 042 ****50.00						
Principal Place of Business Mailing Address 18321 NE 19TH COURT 18321 NE 19TH COUR NORTH MIAMI BEACH, FL 33179 NORTH MIAMI BEACH,										2	00111	19
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2. Principal Place of Business		3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.				0214	12006	Chg-L	LC	CR2I	E083 (11/05)
City & State		City & State				4. FEI Number Applied For 20 - 3796 580 Not Applied by Applied For						Applied For
Zip	Country Zip		Country					of Status [\$5.00 Ac	dditional
	6. Name and Address of Current I	Registered Agent	1		1	7. Na	me and	Address	of New I	Registere		
ORDOÑE	Z, TOMÁS E			Name (RDO	JE	٬ ځ	TOH.	AS.	E.		•
18321 N.W. 19TH COURT					ddress (F	P.O. Box	k Numbe	r is Not A		e)		
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8. The above	named entity submits this statement for tions of registered agent.	the purpose of changing its	registere	ed office o	r registere	ed agen	it, or both	h, in the S	ate of FI	orida. Lar	n familiar with	i, and accept
SIGNATURE	V Tomas & Ow	nez								•	02/14	106
	Signature, typed or printed name of registered agent a	ind title i applicable, (NOT	E: Registered	l Agent signat	ure required v	when reins	tating)			DATE		
	iling Fee is \$50.00 ue by May 1, 2006										payable to ment of Sta	ite
9.	ue by May 1, 2006 MANAGING MEMBER	RS/MANAGERS	10.					ADI	Florid		ment of Sta	ite
9.	MANAGING MEMBER	RS/MANAGERS	IIILE		NGR				Florid	a Depart	ment of Sta	Addition
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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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Tomas E Consumer SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

Daytime Prigner