

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020447

FILED
Mar 18, 2007
Secretary of State

Entity Name: PROPERTY CLAIMS ADJUSTERS, LLC

Current Principal Place of Business:

12430 WEST DIXIE HIGHWAY
NORTH MIAMI, FL 33161 US

New Principal Place of Business:

795 NE 95 STREET
MIAMI SHORES, FL 33138 US

Current Mailing Address:

12430 WEST DIXIE HIGHWAY
NORTH MIAMI, FL 33161 US

New Mailing Address:

795 NE 95 STREET
MIAMI SHORES, FL 33138 US

FEI Number: 05-0634207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENNETH R. DUBOFF, P.A.
12430 WEST DIXIE HIGHWAY
NORTH MIAMI, FL 33161 US

Name and Address of New Registered Agent:

PATRICIA A DUBOFF
795 NE 95 STREET
MIAMI SHORES, FL 33138 US

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: PATRICIA A. DUBOFF

03/18/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DUBOFF, PATRICIA A
Address: 795 NE 95 STREET
City-St-Zip: MIAMI SHORES, FL 33138 US

Title: MGR () Delete
Name: ORGERA, VINCENT J
Address: 2365 NW 36 AVENUE
City-St-Zip: COCONUT CREEK, FL 33066 US

ADDITIONS/CHANGES:

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: PATRICIA A. DUBOFF

MGRM

03/18/2007

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