

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036357

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: ADVANCED INSURANCE UNDERWRITERS, LLC

**Current Principal Place of Business:**

3250 N. 29TH AVENUE  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

3250 N. 29TH AVENUE  
HOLLYWOOD, FL 33020

**New Mailing Address:**

FEI Number: 20-4959726

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WYMAN, JASON  
3250 N. 29TH AVENUE  
HOLLYWOOD, FL 33020 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHELDON, HARVEY MEMBER  
Address: 3250 N 29TH AVE  
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM ( ) Delete  
Name: FLOYD, CHARLOTTE MEMBER  
Address: 3250 N 29TH AVE  
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM ( ) Delete  
Name: WYMAN, JASON MEMBER  
Address: 3250 N 29TH AVE  
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM ( ) Delete  
Name: MARANTO, CHARLES MEMBER  
Address: 3250 N 29TH AVE  
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM ( ) Delete  
Name: OLIVIERI, TODD MEMBER  
Address: 3250 N 29TH AVE  
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM ( ) Delete  
Name: HEMPHILL-RADER, CHARLES-KEVIN MEMBERS  
Address: 3250 N 29TH AVE  
City-St-Zip: HOLLYWOOD, FL 33020

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: JOHN F. CONILL, CPA

CFO

04/28/2008

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