


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90180 030 \*\*\*\*50.00

<b>DOCUMENT # L06000074525</b> 1. Entity Name <b>REINSURANCE.COM.AR, L.L.C.</b>					
Principal Place of Business <b>1395 BRICKELL AVENUE, STE 823 MIAMI, FL 33131</b>			Mailing Address <b>1395 BRICKELL AVENUE, STE 823 MIAMI, FL 33131</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-5279293</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  <b>GUZMAN &amp; GUZMAN, P.A. 9130 S DADELAND BOULEVARD STE 1504 MIAMI, FL 33156</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>9130 S. DADELAND BLVD. STE 1600</b> City <b>MIAMI</b> FL Zip Code <b>33156</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PASTORE, GUILLERMO J 1110 BRICKELL AVENUE, STE 212 MIAMI, FL 33131</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PUNTO SUR MANAGEMENT, INC. 201 SOUTH BISCAYNE BLVD. MIAMI, FL 33131</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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4. FEI Number **20-5279293** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>GUZMAN &amp; GUZMAN, P.A. 9130 S DADELAND BOULEVARD STE 1504 MIAMI, FL 33156</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>9130 S. DADELAND BLVD. STE 1600</b> City <b>MIAMI</b> FL Zip Code <b>33156</b>
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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.

<b>SIGNATURE:</b>  <b>ALEJANDRO SIMON-D.</b>	<b>03/06/07</b>	<b>305 670 1991</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #