2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# L06000074525

Entity Name: REINSURANCE.COM.AR, L.L.C.

Current Principal Place of Business:

1395 BRICKELL AVENUE, STE 823
MIAMI, FL 33131

New Principal Place of Business:

9130 SOUTH DADELAND BLVD
1600
MIAMI, FL 33156

Current Mailing Address:

1395 BRICKELL AVENUE, STE 823
MIAMI, FL 33131

New Mailing Address:

9130 SOUTH DADELAND BLVD
1600
MIAMI, FL 33156

FEI Number: 20-5279293 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GUZMAN & GUZMAN, P.A.
9130 SOUTH DADELAND BLVD
SUITE 1600
MIAMI, FL 33156 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: PASTORE, GUILLERMO J
Address: 1110 BRICKELL AVENUE, STE 212
City-St-Zip: MIAMI, FL 33131

Title: MGRM ( ) Delete
Name: PUNTO SUR MANAGEMENT, , INC.
Address: 9130 SOUTH DADELAND BLVD SUITE 1600
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PASTORE, GUILLERMO J
Address: 9130 S. DADELAND BLVD. SUITE 1600
City-St-Zip: MIAMI, FL 33156

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: GUILLERMO PASTORE MGRM 03/02/2009

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