


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90124 026 ***138.75

DOCUMENT # L06000081549	
1. Entity Name SAFE HARBOUR UNDERWRITERS, LLC	

60002951



Principal Place of Business 9455 KOGER BLVD SUITE 114 ST PETERSBURG, FL 33702 US	Mailing Address 805 EXECUTIVE CENTER DR WEST SUITE 300 ST PETERSBURG, FL 33702
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2. Principal Place of Business - No P.O. Box # 805 Executive Center Dr W	3. Mailing Address
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Suite, Apt. #, etc. Suite 300	Suite, Apt. #, etc.
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City & State St. Petersburg FL	City & State
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Zip 33702	Country USA	Zip	Country
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01112008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5770847	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MILKEY, KEVIN R 805 EXECUTIVE CENTER DR WEST SUITE 300 ST PETERSBURG, FL 33702	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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: *Kevin Milkey* **Kevin Milkey** 1/14/08
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AUER, JOHN F 805 EXECUTIVE CENTER DR WEST, SUITE 300 ST PETERSBURG, FL 33702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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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.

SIGNATURE: *Kevin Milkey* **Kevin Milkey** 1/14/08 727-821-8765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #