

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000111028

FILED
Jan 19, 2008
Secretary of State

Entity Name: WORLDWIDE EXPATRIATE ADMINISTRATORS, LLC

Current Principal Place of Business:

1700 N.W. 119TH AVENUE
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

1700 N.W. 119TH AVENUE
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 26-1457072

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAMER & RASSNER, P.A.
7700 NORTH KENDALL DRIVE, SUITE 510
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: ZERVIGON, PENNY
Address: 1700 N.W. 119TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: MGRM () Delete
Name: ANDERSON, JAMES
Address: 11911 N.W. 16 STREET
City-St-Zip: PEMBROKE PINES, FL 33026

Title: MGRM () Delete
Name: AMERICAN ASSURANCE UNDERWRITERS GROUP, LC
Address: 110 EAST BROWARD BLVD., SUITE 2400
City-St-Zip: FT. LAUDERDALE, FL 33031

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:

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: JAMES ANDERSON

MGMR

01/19/2008

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