2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# L07000124436

Entity Name: UNIVERSAL INSURANCE BROKERAGE SERVICES LLC

Current Principal Place of Business:

800 FAIRWAY DRIVE
320
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

800 FAIRWAY DRIVE
320
DEERFIELD BEACH, FL 33441

New Mailing Address:

FEI Number: 26-1588978 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCGILVRAY, JAMES D
800 FAIRWAY DRIVE
320
DEERFIELD BEACH, FL 33441 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:	MGR	( ) Delete
Name:	MCGILVRAY, JAMES D	
Address:	800 FAIRWAY DRIVE, #320	
City-St-Zip:	DEERFIELD BEACH, FL 33441	
Title:	MGR	( ) Delete
Name:	SORENSEN, MICHAEL C	
Address:	800 FAIRWAY DRIVE, #320	
City-St-Zip:	DEERFIELD BEACH, FL 33441	
Title:	MGR	( ) Delete
Name:	SMITH, MITCHELL K	
Address:	3837 NW BOCA RATON BLVD	
City-St-Zip:	BOCA RATON, FL 33431	
Title:	MGR	(X) Delete
Name:	GAINES, PATRICK S	
Address:	3837 NW BOCA RATON BLVD	
City-St-Zip:	BOCA RATON, FL 33431	

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:	

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 D. MCGILVRAY MGR 03/12/2009

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