

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000006550

FILED
Jan 21, 2009
Secretary of State

Entity Name: REDBRIDGE REINSURANCE MANAGERS, LLC

Current Principal Place of Business:

% POST & ROMERO
3195 PONCE DE LEON BLVD., STE. 400
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

% POST & ROMERO
3195 PONCE DE LEON BLVD., STE. 400
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 26-1788915

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAW OFFICE OF CARLOS A. ROMERO JR P.A.
% POST & ROMERO
3195 PONCE DE LEON BLVD., STE. 400
CORAL GABLES, FL 33134 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: REDBRIDGE NETWORK &, HEALTHCARE, IN C .
Address: 15715 S. DIXIE HIGHWAY, STE. 329
City-St-Zip: PALMETTO BAY, FL 33157

ADDITIONS/CHANGES:

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: EDMUND SANTIAGO

MGR

01/21/2009

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