2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000024862

Entity Name: UNIVERSAL INSURANCE EXCHANGE, LLC

FILED May 03, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2519 MCMULLEN BOOTH RD., STE. 243 2519 MCMULLEN BOOTH ROAD CLEARWATER, FL 33761

SUITE 243

CLEARWATER, FL 33761

Current Mailing Address: New Mailing Address:

2519 MCMULLEN BOOTH RD., STE. 243 2519 MCMULLEN BOOTH ROAD CLEARWATER, FL 33761 SUITE 243

CLEARWATER, FL 33761

DROSSOS, DORIAN J

FEI Number: 26-2249912 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DROSSOS, DORIAN J 2519 MCMÚLLEN BOOTH RD., STE. 243

2519 MCMÚLLEN BOOTH ROAD CLEARWATER, FL 33761 SUITE 243 CLEARWATER, FL 33761 US

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: 05/03/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM () Delete Title: () Change () Addition

DROSSOS, DORIAN J Name: Name: Address: 2519 MCMULLEN BOOTH RD., STE. 243 Address: City-St-Zip: CLEARWATER, FL 33761 US 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: DORIAN J. DROSSOS **MGRM** 05/03/2009