


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90153 009 ****50.00

DOCUMENT # L99000001004	
1. Entity Name UNITED INSURANCE HOLDINGS, L.C.	

Principal Place of Business 700 CENTRAL AVE. SUITE 302 SAINT PETERSBURG, FL 33701	Mailing Address 700 CENTRAL AVE. SUITE 302 SAINT PETERSBURG, FL 33701
--	--

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



03082007 Chg-LLC CR2E083 (12/06)

4. FEI Number 59-3562048	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent
SOX, RICHARD N JR. P.O. BOX 44407 TALLAHASSEE, FL 32317
<i>2822 Remington Green 32308</i>

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: 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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
-----------	---	--	------

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRANCH, GREG C 335 NE WAKULA AVE OCALA, FL 34470 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERSET, MARK 1 BEACH DR. SE, STE 230 SAINT PETERSBURG, FL 33701 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAVAGE, NEIL 333 THIRD AVE. N. SAINT PETERSBURG, FL 33701 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELACEY, PATRICK 400 BLACKSTONE AVE LAGRANGE, IL 60525 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POITEVINT, ALEC L II 1100 DOTHAN RD BAINBRIDGE, GA 31717 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AITKEN, DUNCAN LATHAM HOUSE 16 MINORIES LONDON, UK, EC3-NAX <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>ST</i> Don Cronin 700 Central Ave Ste 302 St. Petersburg FL 33701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CEO</i> Nick Griffin 700 Central Ave Ste 302 St. Petersburg FL 33701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:	<i>Don Cronin</i>	Date	<i>3/8/07</i>	Daytime Phone #	<i>(727) 895-7737</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					