


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90061 038 \*\*\*138.75

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



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



02042008    Chg-LLC      CR2E083 (12/06)

6. Name and Address of Current Registered Agent  
 SOX, RICHARD N JR.  
 2822 REMINGTON GREEN **CIRCLE**  
 TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City    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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>M</b> BRANCH, GREG C 335 NE WAKULA AVE OCALA, FL 34470 <i>Done change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>M</b> BERSET, MARK 1 BEACH DR. SE, STE 230 SAINT PETERSBURG, FL 33701 <i>Done change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>M</b> SAVAGE, NEIL <del>333 THIRD AVE. N-</del> SAINT PETERSBURG, FL 33701 <i>Done</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>M</b> DELACEY, PATRICK 400 BLACKSTONE AVE LAGRANGE, IL 60525 <i>Done change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>M</b> POITEVINT, ALEC L II 1100 DOTHAN RD BAINBRIDGE, GA 31717 <i>Done change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AITKEN, DUNCAN <del>LATHAM HOUSE 16 MINORIES</del> LONDON, UK, EC3N 2LS <i>Done</i>

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>M</b> 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	MGR <b>M</b> 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	MGR <b>M</b> 300 Beach Dr NE #2702 St Petersburg FL 33701 <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One America Square London UK EC3N 2LS

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: **Don Cronin**      2/5/08 727-895-7737  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #