2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004550

FILED
00 APR 10 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
HEMISPHERIC UNDERWRITING MANAGERS, L.L.C.

Principal Place of Business	Mailing Address
7801 LOS PINOS BLVD. CORAL GABLES FL 33143-6451	7801 LOS PINOS BLVD. CORAL GABLES FL 33143-6451

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2600 Douglas Road	same as 2
Suite, Apt. #, etc. Suite 807	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0941892 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~BLAKE, JOHN H~~ ~~7801 LOS PINOS BLVD.~~ ~~CORAL GABLES FL 33143-6451~~	Name: Robert A. Freeman Street Address (P.O. Box Number is Not Acceptable): 2601 South Baysgore Drive, 12th Floor, City: Miami **FL** Zip Code: 33133

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.

SIGNATURE ✓ Robert A. Freeman — April 1, 2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

100003219511--6
-04/24/00--01020--018
*****55.00 *****55.00

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BLAKE, JOHN H 7801 LOS PINOS BLVD. CORAL GABLES FL 33143-6451	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager/Member Representative Blake, John H. 7801 Los Pinos Blvd. Coral Gables, Fl. 33143-6451	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JIMINEZ, JULIO 7801 LOS PINOS BLVD. CORAL GABLES FL 33143-6451	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Representative Jimenez, Julio 2600 Douglas Road, Suite 807, Coral Gables, Fl. 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM RIVERA, NITZA 7801 LOS PINOS BLVD. CORAL GABLES FL 33143-6451	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Representative Rivera, Nitza 2600 Douglas Road, Suite 807, Coral Gables, Fl. 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ULLOA, CARLOS 2601 S. BAYSHORE DR., #2040 MIAMI FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Representative/Direct. Ulloa, Carlos 2600 Douglas Road, Suite 402, Coral Gables, Fl. 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ULLOA, JULIO 2601 S. BAYSHORE DR., #2040 MIAMI FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Representative/Director Ulloa, Julio 2600 Douglas Road, Suite 402, Coral Gables, Fl. 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KING, MICHAEL 5 LLOYDS AVENUE LONDON EC3N 3AE ENGLAND	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Representative/Director James, Philip c/oPrimary Investment Group,2nd Fl.John Swan Bldg.,Victoria St.,Hamilton,Bermuda	☐ Change ☒ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

dcc

SIGNATURE: ✓ SIGNATURE REQUIRED — 3.31-2000 — 305-443-6267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #