

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001550

FILED
Apr 14, 2005
Secretary of State

Entity Name: NATIONAL UNDERWRITING SERVICES, LLC

Current Principal Place of Business:

7900 MIAMI LAKES DRIVE WEST, SUITE 100
MIAMI LAKES, FL 33016

New Principal Place of Business:

Current Mailing Address:

17911 VON KARMAN AVE
SUITE 300
IRVINE, CA 92614

New Mailing Address:

FEI Number: 01-0693657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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/MEMBERS:

Title: MGR () Delete
Name: FOLEY, WILLIAM P II
Address: 601 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGR () Delete
Name: ABBINANTE, CHRISTOPHER
Address: 171 N CLARK ST
City-St-Zip: CHICAGO, IL 60601

Title: MGR () Delete
Name: STINSN, ALAN L
Address: 601 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGR () Delete
Name: JOHNSON, TODD C
Address: 601 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SADOWSKI, PETER T
Address: 601 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TODD C JOHNSON

MGR

04/14/2005

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