

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002815

FILED
Apr 15, 2004
Secretary of State

Entity Name: INTERNATIONAL REINSURANCE MANAGERS LLC

Current Principal Place of Business:

7205 CORPORATE CENTER DRIVE, STE. 410
MIAMI, FL 33126

New Principal Place of Business:

7205 CORPORATE CENTER DRIVE,
SUITE 410
MIAMI, FL 33126

Current Mailing Address:

7205 CORPORATE CENTER DRIVE, STE. 410
MIAMI, FL 33126

New Mailing Address:

7205 CORPORATE CENTER DRIVE,
SUITE 410
MIAMI, FL 33126

FEI Number: 04-3338884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANTIAGO, EDMUND
7205 CORPORATE CENTER DRIVE, STE. 410
MIAMI, FL 33126

Name and Address of New Registered Agent:

SANTIAGO, EDMUND
7205 CORPORATE CENTER DRIVE,
SUITE 410
MIAMI, FL 33126

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:

04/15/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SANTIAGO, EDMUND
Address: 7205 CORPORATE CENTER DRIVE, STE. 410
City-St-Zip: MIAMI, FL 33126

Title: MGR () Delete
Name: HAINER, MONICA
Address: 1787 SENTRY PARKWAY, STE. 420
City-St-Zip: BLUE BELL, PA 19422

ADDITIONS/CHANGES:

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: EDMUND SANTIAGO

PTE

04/15/2004

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