

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # M03000003676</b>					
<b>1. Entity Name</b> MEDICAL EXCESS LLC					
<b>Principal Place of Business</b> 333 CROWN POINTE CIRCLE, SUITE 200 GRASS VALLEY, CA 95945			<b>Mailing Address</b> 333 CROWN POINTE CIRCLE, SUITE 200 GRASS VALLEY, CA 95945		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 70 Pine Street Suite, Apt. #, etc. 30th Floor City & State New York, NY Zip 10270 Country USA			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		<b>4. FEI Number</b> 46-0493280	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEDICAL EXCESS INSURANCE SERVICES, INC. 70 PINE STREET NEW YORK, NY 10270		TITLE NAME STREET ADDRESS CITY-ST-ZIP	800053040868	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i>			4/26/05 (212) 770-7000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		



CORPORATION SERVICE COMPANY

MO3000003676

ACCOUNT NO. : 072100000032

REFERENCE : 343551 4320171

AUTHORIZATION : *Patricia Pizante*

COST LIMIT : \$ 50.00

ORDER DATE : April 28, 2005

ORDER TIME : 10:41 AM

ORDER NO. : 343551-135

CUSTOMER NO: 4320171

CUSTOMER: Bernadette Colon  
American International Group,  
30th Floor, 70 Pine Street  
- Corporate  
New York, NY 10270

*BK*

FILED  
05 APR 29 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: MEDICAL EXCESS, LLC

RECEIVED  
05 APR 29 PM 1:07  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext. 2956

EXAMINER'S INITIALS: \_\_\_\_\_