


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000043407	
1. Entity Name EVENSKY KATZ RISK MANAGEMENT LLC	

Principal Place of Business 2333 PONCE DE LEON BLVD. PENTHOUSE SUITE 1100 CORAL GABLES, FL 33134	Mailing Address 2333 PONCE DE LEON BLVD. PENTHOUSE SUITE 1100 CORAL GABLES, FL 33134
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01192007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1978218	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**FELDMAN, MARTIN E ESQ
LEHR FISCHER FELDMAN & GASALLA
ONE OAKWOOD BLVD, STE. 250
HOLLYWOOD, FL 33020**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KATZ, DEENA B 2333 PONCE DE LEON BOULEVARD, SUITE 1100 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EVENSKY, HAROLD R 2333 PONCE DE LEON BOULEVARD, SUITE 1100 CORAL GABLES, FL 33134
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02/28/07-80091-013 50.00,

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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:  **1-19-2007** **305 448 8882**

HAROLD R. EVENSKY Date Daytime Phone #