

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000075528

FILED  
Apr 23, 2007  
Secretary of State

**Entity Name:** RISK ADJUSTMENT MANAGEMENT, LLC

**Current Principal Place of Business:**

P.O. BOX 1570  
SOUTH MIAMI, FL 33243

**New Principal Place of Business:**

1172 SOUTH DIXIE HIGHWAY  
#441 B  
CORAL GABLES, FL 33146 US

**Current Mailing Address:**

P.O. BOX 1570  
SOUTH MIAMI, FL 33243

**New Mailing Address:**

520 BRICKELL KEY DRIVE  
APT. #906  
MIAMI, FL 33131

**FEI Number:** 20-5290418

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOHNSON, RONNIE D  
520 BRICKELL KEY DRIVE  
APT. #906  
MIAMI, FL 33131 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JOHNSON, RONNIE D  
Address: 520 BRICKELL KEY DRIVE, UNIT #906  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

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 Chapter 119, 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: RON JOHNSON

PRES

04/23/2007

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