


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000007679</b> 1. Entity Name <b>FORTUN SPECIALTY RISKS, LLC</b>	
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Principal Place of Business <b>365 PALERMO AVENUE CORAL GABLES, FL 33134</b>	Mailing Address <b>365 PALERMO AVENUE CORAL GABLES, FL 33134</b>
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05052006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1258322</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>SITTERSON, CURTIS H 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI, FL 33130</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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6. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE


**Filing Fee is \$50.00  
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P FORTUN, HECTOR D 365 PALERMO AVE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP ALLEN, MATTHEW 2828 CORAL WAY MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST- ZIP	ST DEL POZZO, TONY 2828 CORAL WAY MIAMI, FL 33145
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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05/18/06-80006-011 50.00

**DO NOT WRITE  
IN THIS SPACE**

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 officer or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #