FILED

03 MAY -5 PM 7:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000001567

1. Entity Name
RIS MANAGEMENT, LTD.

Principal Place of Business	Mailing Address
8400 BRUSSELS WAY BOCA RATON, FL 33434	8400 BRUSSELS WAY BOCA RATON, FL 33434

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 32-0063821 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLOCH, MINERLEY & FEIN, P.L.
980 NORTH FEDERAL HIGHWAY, SUITE 412
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **$100.00**

10. Amount of Capital Contributions in FLORIDA to date.

MAKE CHECK PAYABLE TO FL DEPT OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L02000029676	STREET ADDRESS	
NAME	RIS MANAGEMENT, LLC		
STREET ADDRESS	8400 BRUSSELS WAY		
CITY-ST-ZIP	BOCA RATON, FL 33434	CITY-ST-ZIP	600018008576 05/05/03--01064--028 **141.25
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STAPLE CHECK HERE

CR2E033 (10/02)

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: [signature] MANAGING MEMBER 4/24/03 561-451-8368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

GENERAL
for RIS MANAGEMENT, LLC, PARTNER
SANFORD J. SIEGEL