


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90102 023 ****50.00

DOCUMENT # L00000006532			
1. Entity Name GLOBAL RISK INTERMEDIARY, LLC			
Principal Place of Business 2 S. UNIVERSITY DRIVE, SUITE 330 PLANTATION, FL 33324		Mailing Address 2 S. UNIVERSITY DRIVE, SUITE 330 PLANTATION, FL 33324	
2. Principal Place of Business <i>2 S. University Dr.</i> Suite, Apt. #, etc. <i>suite 312</i>		3. Mailing Address <i>2 S. University Dr.</i> Suite, Apt. #, etc. <i>suite 312</i>	
City & State <i>Plantation FL</i>		City & State <i>Plantation FL</i>	
Zip <i>33324</i>	Country	Zip <i>33324</i>	Country
6. Name and Address of Current Registered Agent MATHIEU, YASMINE 2 S. UNIVERSITY DRIVE, SUITE 330 PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
4. FEI Number 59-3647438 Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
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 re-registering) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MATHIEU, YASMINE 2 S UNIVERSITY DRIVE PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
SIGNATURE: <i>Y. Mathieu</i>		Date: <i>2/1/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	



01202005 Chg-LLC CR2E083 (10/03)