

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 03, 2006  
Secretary of State**

DOCUMENT# L02000011324

Entity Name: RISK MANAGEMENT ADVISORS, LLC

**Current Principal Place of Business:**

207 HARBOUR SQUARE  
4134 GULF OF MEXICO DR.  
LONGBOAT KEY, FL 34228

**New Principal Place of Business:**

**Current Mailing Address:**

207 HARBOUR SQUARE  
4134 GULF OF MEXICO DR.  
LONGBOAT KEY, FL 34228

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired (X)

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

AGENTS AND CORPORATIONS, INC.  
SUITE E, 773 4TH AVENUE NORTH  
NAPLES, FL 34102 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: HENDERSON, HUNTER A  
Address: 207 HARBOUR SQUARE  
City-St-Zip: LONGBOAT KEY, FL 34228

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HUNTER-HENDERSON, ALASTAIR  
Address: 207 HARBOUR SQUARE  
City-St-Zip: LONGBOAT KEY, FL 34228

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: ALASTAIR HUNTER-HENDERSON                      MGRM                      04/03/2006

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