2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2008
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.
300 FIFTH AVENUE SOUTH
SUITE 101-330
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: HUNTER-HENDERSON, ALASTAIR DR
Address: 207 HARBOUR SQUARE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: MGRM ( ) Delete
Name: MARSHALL, NORALYN DR
Address: 207 HARBOUR SQUARE
City-St-Zip: LONGBOAT KEY, FL 34228

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HUNTER-HENDERSON, ALASTAIR DR
Address: 761 DREAM ISLAND ROAD
City-St-Zip: LONGBOAT KEY, FL 34228

Title: MGRM (X) Change ( ) Addition
Name: MARSHALL, NORALYN DR
Address: 761 DREAM ISLAND ROAD
City-St-Zip: LONGBOAT KEY, FL 34228

I hereby certify that the information supplied with this filing does not qualify 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 02/06/2008

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