

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000011324

FILED  
Jan 09, 2009  
Secretary of State

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:

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

## 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: 761 DREAM ISLAND ROAD  
City-St-Zip: LONGBOAT KEY, FL 34228

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

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 01/09/2009

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