2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000027708

1. Entity Name
STILESCARR RISK MANAGEMENT, LLC

FILED
04 JAN 22 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
24 CATHEDRAL PL STE 203 SAINT AUGUSTINE, FL 32084	PO BOX 1718 SAINT AUGUSTINE, FL 32085

01052004 No Chg-LLC CR2E083 (10/03)

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4. FEI Number
52-2383889
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, DENNIS D ESQ
C/O TRIPP SCOTT, P.A.
110 SE 6TH STREET, 15TH FL
FORT LAUDERDALE, FL 33301

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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. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	CEOP
NAME	CARR, BRUCE E
STREET ADDRESS	24 CATHEDRAL PL STE 305
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	VCEF
NAME	WRIGHT, DENNIS H
STREET ADDRESS	24 CATHEDRAL PL STE203
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/22/04--01072--004 **50.00

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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: DENNIS H. WRIGHT 1-6-2004 904-824-9966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #