


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000029675 1. Entity Name RIS MANAGEMENT, LLC	
--------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 8400 BRUSSELS WAY BOCA RATON, FL 33434	Mailing Address 8400 BRUSSELS WAY BOCA RATON, FL 33434
---------------------------------------------------------------------------------	---------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



03162004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 37-1460091	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	---------------------------------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
------------------------------------------------------------------	---------------------------------------

6. Name and Address of Current Registered Agent

BLOCH, STUART E
MINERLEY & FEIN, P.L.
980 NORTH FEDERAL HIGHWAY, SUITE 412
BOCA RATON, FL 33432

**DO NOT WRITE
IN THIS SPACE**

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) **DATE** _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIEGEL, SANFORD J 8400 BRUSSELS WAY BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIEGEL, VANESSA 8400 BRUSSELS WAY BOCA RATON, FL 33434
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	

000000135103
04/28/04-80046-009 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *RIS MANAGEMENT, LLC, MANAGING MEMBER* *4/22/04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

*RIS MANAGEMENT, LLC, MANAGING MEMBER,
P.L. SIEGEL, SANFORD J. SIEGEL*