2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED May 01, 2006 08:00 Al Secretary of State **DOCUMENT #L02000029675** RIS MANAGEMENT, LLC Principal Place of Business Mailing Address 8400 BRUSSELS WAY 8400 BRUSSELS WAY BOCA RATON, FL 33434 BOCA RATON, FL 33434 CR2E083 (11/05) 04252006 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 37-1460091 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent BLOCH, STUART E DO NOT WRITE MINERLEY & FEIN, P.L. 980 NORTH FEDERAL HIGHWAY, SUITE 412 IN THIS SPACE BOCA RATON, FL 33432 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, flegislered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. TITLE NAME SIEGEL, SANFORD J STREET ADDRESS 8400 BRUSSELS WAY CITY-ST-ZIP BOCA RATON, FL 33434 U00000549494 05/13/06-80024-006 50.00 TITLE NAME SIEGEL, VANESSA STREET ADDRESS 8400 BRUSSELS WAY CITY-ST-ZIP BOCA RATON, FL 33434 TILE NAME STREET ADDRESS DO NOT WRITE COY-ST-7P IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TIRE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall bere the same legal effect as if made under oath; that I am a managing member or manager of the limited flability company or this receives or trusted empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

Debe

time Phone #