2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2004
Secretary of State

DOCUMENT# L03000000805

Entity Name: RISK TRANSFER, LLC

Current Principal Place of Business:

315 E. ROBINSON STREET, SUITE 580
ORLANDO, FL 32801

New Principal Place of Business:

301 E. PINE STREET, SUITE 350
ORLANDO, FL 32801

Current Mailing Address:

315 E. ROBINSON STREET, SUITE 580
ORLANDO, FL 32801

New Mailing Address:

301 E. PINE STREET, SUITE 350
ORLANDO, FL 32801

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOWMAN, WILLIAM R JR ESQ
315 E. ROBINSON STREET, SUITE 580
ORLANDO, FL 32801

Name and Address of New Registered Agent:

LOWMAN, WILLIAM R JR ESQ
1000 LEGION PLACE, SUITE 1700
ORLANDO, FL 32801

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: 03/02/2004
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: WILLIAMS, DARYL B
Address: 301 E. PINE STREET, SUITE 350
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DARYL B. WILLIAMS MGR 03/02/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date