

# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000042623

FILED  
Aug 20, 2007  
Secretary of State

Entity Name: RISKUSA L.L.C.

**Current Principal Place of Business:**

10773 NW 58 ST.  
SUITE 317  
DORAL, FL 33178

**New Principal Place of Business:**

14211 COMMERCE WAY  
SUITE 100  
MIAMI LAKES, FL 33016

**Current Mailing Address:**

10773 NW 58 ST.  
SUITE 317  
DORAL, FL 33178

**New Mailing Address:**

FEI Number: 75-3185424      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LELLA, PETER R  
5721 NW 112 AVE.  
APT. 207  
MIAMI, FL 33178 US

**Name and Address of New Registered Agent:**

LELLA, PETER R  
11486 NW 77 ST.  
DORAL, FL 33178      US

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: PETER LELLA

08/20/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LELLA, PETER R  
Address: 10773 NW 58 STREET, SUITE 317  
City-St-Zip: DORAL, FL 33178

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

**ADDITIONS/CHANGES:**

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

Title: MGRM ( ) Change (X) Addition  
Name: MOYA, FRANCISCO  
Address: 880 SW 22 ROAD  
City-St-Zip: MIAMI, FL 33129

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: PETER LELLA

MGRM

08/20/2007

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