

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043407

FILED  
Mar 09, 2004  
Secretary of State

Entity Name: EVENSKY KATZ RISK MANAGEMENT LLC

**Current Principal Place of Business:**

2333 PONCE DE LEON BLVD.  
PENTHOUSE SUITE 1100  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2333 PONCE DE LEON BLVD.  
PENTHOUSE SUITE 1100  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 34-1978218

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FELDMAN, MARTIN E ESQ  
LEHR FISCHER FELDMAN & GASALLA  
ONE OAKWOOD BLVD, STE. 250  
HOLLYWOOD, FL 33020 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

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

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

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: KATZ, DEENA B  
Address: 2333 PONCE DE LEON BOULEVARD, SUITE 1100  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR ( ) Change (X) Addition  
Name: EVENSKY, HAROLD R  
Address: 2333 PONCE DE LEON BOULEVARD, SUITE 1100  
City-St-Zip: CORAL GABLES, FL 33134

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: DEENA B. KATZ

MGRM

03/09/2004

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