2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2006
Secretary of State

DOCUMENT# L03000043407

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/MANAGERS:

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

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

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) 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 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: DEENA B. KATZ MGR 01/13/2006

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