

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000007679 1. Entity Name FORTUN SPECIALTY RISKS, LLC	
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Principal Place of Business 365 PALERMO AVENUE CORAL GABLES, FL 33134	Mailing Address 365 PALERMO AVENUE CORAL GABLES, FL 33134
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05052006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1258322	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SITTERSON, CURTIS H 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE

6. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P FORTUN, HECTOR D 365 PALERMO AVE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP ALLEN, MATTHEW 2828 CORAL WAY MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST- ZIP	ST DEL POZZO, TONY 2828 CORAL WAY MIAMI, FL 33145
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05/18/06-80006-011 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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 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 officer or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____