

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90035 002 ****50.00

40088549



DOCUMENT # L04000008449 1. Entity Name ANSWERRISK LLC					
Principal Place of Business 1101 BRICKELL AVENUE, SUITE 402 MIAMI, FL 33131				Mailing Address 1101 BRICKELL AVENUE, SUITE 402 MIAMI, FL 33131	
2. Principal Place of Business 1101 Brickell Avenue Suite, Apt. #, etc. Suite 1002 S Tower City & State Miami FL Zip 33131		3. Mailing Address 1101 Brickell Avenue Suite, Apt. #, etc. Suite 1002 S Tower City & State Miami FL Zip 33131		05022006 Chg-LLC CR2E083 (11/05)	
4. FEI Number NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: right;"> 4/30/06 <small>DATE</small> </div> </div>					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALL, RICHARD T 1101 BRICKELL AVENUE, SUITE 402 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	HALL, RICHARD T 1101 BRICKELL AVENUE SUITE 402 SOUTH TOWER MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <div style="float: right; text-align: right;"> 4/30/06 <small>Date Daytime Phone #</small> </div>					