2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L0400008449 1. Entity Name ANSWERRISK LLC					05-08-2006 90035 002 ****50.00			
ANSWER	KRISK LLC							
1	e of Business ELL AVENUE <u>SUITE 402</u> 3131	Mailing Address 1101 BRICKELL AVENUE MIAMI, FL 33131	101 BRICKELL AVENUE, SUITE 402		40088549			
2. Principal P	Place of Business Brickell Avenue	3. Mailing Address (10) Bruhel Avenue						
Suite, Apt. #, etc. Suite 1002 S Tower		Suite, Apr. #, etc. Suite /UDZ S. Town		0502200	6 Chg-LLC	CR2E083 (11/05))	
City & State MIONI		City & State Mion, RC		4. FEI Nun NOT	nber APPLICABLE	}- -	pplied For lot Applicable	
33131 Country Poule		^{Zio} 252/31	Country	5. Certifica	ate of Status Desired	S5.00 Ad		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
SPIEGEL & UTRERA, P.A.								
1840 SW 22ND ST.			Street A	Street Address (P.O. Box Number is Not Acceptable)				
4TH FLOOR MIAMI, FL 33145							· · · · · · · · · · · · · · · · · · ·	
			City	City FL Zip Code				
8. The above named entity subprits 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 access							, and accept	
the obligations of registered agency SIGNATURE Washington								
SIGNATURE Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Filing Fee is \$50.00 Due by September 6, 2006					Make check payable to Florida Department of State			
9. MANAGING MEMBER		RS/MANAGERS	MANAGERS 10.		ADDITIONS/0	CHANGES		
NAME STREET ADDRESS CITY-ST-2IP	MGR HALL, RICHARD T 1101 BRICKELL AVENUE, SUITE 402 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hall, 1101 Sout	Hall Richard Town Swite 1101 Brichell Avenue Swite 1007 South Town 1007 Miam, RC Change Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	m	ami FC		☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	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 mustee empowered to execute this report as required by Chapter 608, Florida Statutes.

THLE

NAME

STREET ADDRESS

CITY+ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

4/30/06 Date

Daytime Phone #

☐ Change ☐ Addition