

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050355

FILED
May 01, 2007
Secretary of State

Entity Name: WTS RISK, LLC

Current Principal Place of Business:

7035 W 1ST ST
SANFORD, FL 32771

New Principal Place of Business:

4035 W 1ST ST
SANFORD, FL 32771 US

Current Mailing Address:

7035 W 1ST ST
SANFORD, FL 32771

New Mailing Address:

4035 W 1ST STREET
SANFORD, FL 32771 US

FEI Number: 84-1642346 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MARSHALL, TRACY A
301 E PINE ST STE 1400
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD
#221E
PALM BEACH GARDENS, FL 33410 US

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: FRANK CAMMARATA

05/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WELLINGTON CAPITAL G, ROUP INC
Address: 1969 ALAFAY TRL STE 236
City-St-Zip: ORLANDO, FL 32828

Title: PST () Delete
Name: MUNROE, KEVIN
Address: 111 N ORANGE AVE STE 2000
City-St-Zip: ORLANDO, FL 32801

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WELLINGTON CAPITAL G, ROUP INC
Address: 1969 ALAFAYA TRL STE 236
City-St-Zip: ORLANDO, FL 32828

Title: P (X) Change () Addition
Name: JAIMAN, JODI
Address: 200 S. ORANGE AVENUE, 28TH FLOOR
City-St-Zip: ORLANDO, FL 32801 US

Title: VD () Change (X) Addition
Name: WILLIAMS, SHANE
Address: 200 S. ORANGE AVENUE, 28TH FLOOR
City-St-Zip: ORLANDO, FL 32801 US

Title: TSD () Change (X) Addition
Name: STOLLENWERK, JAY
Address: 200 S. ORANGE AVE., 28TH FLOOR
City-St-Zip: ORLANDO, FL 32801 US

I hereby certify that the information supplied with this filing does not qualify 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: JODI JAIMAN

P

05/01/2007

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