

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051959

FILED  
Jan 25, 2006  
Secretary of State

Entity Name: RADIX RISK MANAGEMENT, LLC

**Current Principal Place of Business:**

777 BRICKELL AVENUE  
SUITE 1370  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

777 BRICKELL AVENUE  
SUITE 1370  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 54-2158496

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JACOBSON, STEVEN W  
777 BRICKELL AVENUE  
SUITE 1370  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

DAVIS, RONALD A  
777 BRICKELL AVENUE  
SUITE 1370  
MIAMI, FL 33131 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: RONALD A. DAVIS

01/25/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JACOBSON, STEVEN W  
Address: 777 BRICKELL AVENUE, SUITE 1370  
City-St-Zip: MIAMI, FL 33131

Title: MGR ( ) Delete  
Name: DAVIS, RONALD A  
Address: 777 BRICKELL AVENUE, SUITE 1370  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

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

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

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: STEVEN W. JACOBSON

MGR

01/25/2006

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