

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082473

FILED
Jan 16, 2006
Secretary of State

Entity Name: ENTERPRISE RISK MANAGEMENT / SAS 70, L.L.C.

Current Principal Place of Business:

801 BRICKELL AVE
SUITE 900
MIAMI, FL 33131

New Principal Place of Business:

299 ALHAMBRA CIRCLE
SUITE 220
CORAL GABLES, FL 33134

Current Mailing Address:

801 BRICKELL AVE
SUITE 900
MIAMI, FL 33131

New Mailing Address:

299 ALHAMBRA CIRCLE
SUITE 220
CORAL GABLES, FL 33134

FEI Number: 20-2185414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMKE REGISTERED AGENTS, L.L.C.
2250 SUNTRUST INTERNATIONAL CENTER
ONE S.E. THIRD AVENUE
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

GONZALEZ, SILKA M
299 ALHAMBRA CIRCLE
SUITE 220
CORAL GABLES, FL 33134 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: SILKA MARIA GONZALEZ

01/16/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GONZALEZZ, SILKA
Address: 801 BRICKELL AVENUE, STE 900
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: GONZALEZZ, SILKA M
Address: 299 ALHAMBRA CIRCLE SUITE 220
City-St-Zip: CORAL GABLES, FL 33134

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: SILKA MARIA GONZALEZ

P

01/16/2006

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