2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2006
Secretary of State

DOCUMENT# L05000098828

Entity Name: THE INSTITUTE FOR SAFETY AND RISK MANAGEMENT TRAINING LLC

Current Principal Place of Business:

1000 US HWY 1
SUITE 804
JUPITER, FL 33477 US

New Principal Place of Business:

Current Mailing Address:

1000 US HWY 1
SUITE 804
JUPITER, FL 33477 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KNAPFEL, FRANK
1000 US HWY 1
SUITE 804
JUPITER, FL 33477 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KNAPFEL, FRANK
Address: 1000 US HWY 1, SUITE 804
City-St-Zip: JUPITER, FL 33477 US

Title: MGRM ( ) Delete
Name: THOMPSON, RYLAND
Address: 1000 US HWY 1, SUITE 804
City-St-Zip: JUPITER, FL 33477 US

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: FRANK KNAPFEL MR 01/05/2006

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