

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000098828

FILED
Jan 04, 2007
Secretary of State

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 (X)**

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

PRES

01/04/2007

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