

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000062295

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: PROPTEK RISK, LLC

**Current Principal Place of Business:**

C/O T. CHADDERTON  
999 PONCE DE LEON BLVD., SUITE 1045  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

C/O T. CHADDERTON  
999 PONCE DE LEON BLVD., SUITE 1045  
CORAL GABLES, FL 33134

**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:**

SCHERE, LESLIE A ESQ.  
C/O GEORGE HARTZ P.A.  
4800 LE JEUNE ROAD  
CORAL GABLES, FL 33146 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: NEWMAN, BRUCE W  
Address: 420 SOUTH BEACH STREET  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM ( ) Delete  
Name: CHADDERTON, TREVOR B  
Address: 999 PONCE DE LEON BLVD., SUITE 1045  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: REISS, EDWARD M  
Address: 5835 BLUE LAGOON DRIVE, SUITE 200  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES:**

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

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

Title: MGRM (X) Change ( ) Addition  
Name: REISS, EDWARD M  
Address: 207 E. HILLCREST ST  
City-St-Zip: ORLANDO, FL 32801

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: TREVOR B CHADDERTON

MGRM

01/07/2008

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