

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000093002

FILED  
Jun 24, 2009  
Secretary of State

Entity Name: WESTPORT RISK MANAGERS, LLC

**Current Principal Place of Business:**

2840 WEST BAY DRIVE  
SUITE 238  
BELLEAIR BLUFFS, FL 33770

**New Principal Place of Business:**

**Current Mailing Address:**

2840 WEST BAY DRIVE  
SUITE 238  
BELLEAIR BLUFFS, FL 33770

**New Mailing Address:**

FEI Number: 20-0872718      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

AIDE, THOMAS H  
2840 WEST BAY DRIVE  
SUITE 238  
BELLEAIR BLUFFS, FL 33770 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: AIDE, THOMAS H  
Address: 2840 WEST BAY DRIVE, SUITE 238  
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: MGRM ( ) Delete  
Name: MELTON, RONALD J  
Address: 2840 WEST BAY DRIVE, SUITE 238  
City-St-Zip: BELLEAIR BLUFFS, FL 33770

**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 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: THOMAS H. AIDE

MGRM

06/24/2009

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