2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2011
Secretary of State

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Entity Name: OPTIMA RISK INTERMEDIARIES, LLC

Current Principal Place of Business:

5835 BLUE LAGOON DRIVE
SUITE 400
MIAMI, FL 33129

New Principal Place of Business:

5835 BLUE LAGOON DRIVE
SUITE 400
MIAMI, FL 33126

Current Mailing Address:

PO BOX 260546
MIAMI, FL 33126

New Mailing Address:

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

Name and Address of Current Registered Agent:

CASTRO, LISA M
5835 BLUE LAGOON DRIVE
SUITE 400
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

CASTRO, LISA M
5835 BLUE LAGOON DRIVE
SUITE 400
MIAMI, FL 33126 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: _____ 04/25/2011
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: PREMIER RISK MANAGEMENT, LLC
Address: 5835 BLUE LAGOON DRIVE, SUITE 400
City-St-Zip: MIAMI, FL 33129

I hereby 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 Statues.

SIGNATURE: PREMIER RISK MANAGEMENT MGRM 04/25/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date