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TRANSMITTAL LETTER
FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

700001607377
-10/11/95--01118--002
****337.50 ****337.50

SUBJECT: SÄF-Risk L.C.
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy of the articles of organization and a check for :

\$285.00
Filing Fee
& Registered
Agent designation

\$293.75
Filing Fee,
Registered Agent
Designation &
Certificate

\$337.50
Filing Fee,
Registered Agent
Designation &
Certified Copy

\$346.25
Filing Fee,
Registered Agent
Designation,
Certified Copy &
Certificate

FROM: John U. Bell & Susan A. Ferenc
Name (Printed or typed)
411 Bath Club Boulevard South
Address
North Redington Beach, Florida 33708
City, State & Zip
813-392-0928
Daytime Telephone number

FILED
95 OCT 11 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. REGISTER OCT 16 1995

NOTE: Please provide the original and one copy of the articles.

411 Bath Club Boulevard South
North Redington Beach
Florida 33708
October 10, 1995

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

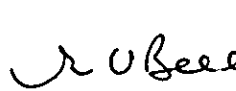
Subject: Application - Florida Limited Liability Company

Dear Sir/Madam:

Attached please find completed forms for creation of a Limited Liability Company pursuant to Chapter 608 of the Florida Statutes. As per the instructions, we have also enclosed a check for \$337.50 to cover the Filing Fee, Registered Agent Designation, and a Certified Copy.

If there are any questions arising from this application, please contact us at 813-392-0928. Thank you.

Sincerely,


John U. Bell


Susan A. Ferenc

Attachments

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

S&F* Risk L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

411 Bath Club Boulevard South

North Redington Beach, Florida 33708

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV - Management:

(check and complete the appropriate statement)

- The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

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TALLAHASSEE, FLORIDA

- The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

John U. Bell

Susan A. Ferenc

411 Bath Club Boulevard South

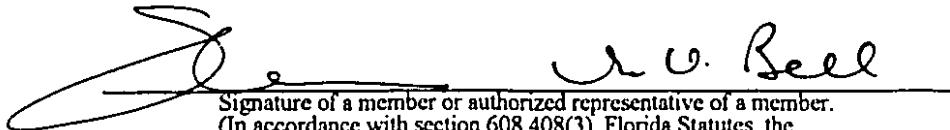
North Redington Beach, FL 33708

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of _____

S&F* Risk L.C. _____ deposits and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ \$5,000 .
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ None .
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ \$15,000 .
- 5) the total amount of 2, 3, and 4 is \$ \$20,000 .



Signature of a member or authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DESIGNATION OF REGISTERED AGENT

I, John U. Bell, hereby accept designation as registered agent for SÄF*RISK L.C.

I can be located at: 411 Bath Club Boulevard South
North Redington Beach
Florida 33708
813-392-0928

John U. Bell

John U. Bell
October 10, 1995

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILE NOW: Fee after May 1, will be \$263.75

APPROVED
AND
FILED

95 MAY - 1 11 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE \$ 238.75 Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L95000000778

SAF*RISK L.C.
411 BATH CLUB BLVD SOUTH
N REEDINGTON BEACH FL 33708

1a. Principal Place of Business Address
411 BATH CLUB BLVD SOUTH
N REEDINGTON BEACH FL 33708

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business SAF		2a. Mailing Address		3. Date Organized or Qualified 10/11/1995	3a. State of Formation FL
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3344580	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State		City & State		5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/>
Zip	Country	Zip	Country		

7. Name and Address of Current Registered Agent
BELL, JOHN U
411 BATH CLUB BLVD SOUTH
N REEDINGTON BEACH FL 33708

8. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
FL Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	BELL, JOHN U	411 BATH CLUB BLVD SOUTH	N REEDINGTON BEACH FL
MGRM	FERENC, SUSAN A	411 BATH CLUB BLVD SOUTH	N REEDINGTON BEACH FL

700001813147
-05/08/96--01043--023
****238.75 ****238.75

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, with an attachment with an address.

SIGNATURE: _____
Date: 4/29/96 813 393 7399
Daytime Phone #