File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY & FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAY 12 AM 10: 18 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** 1a. Principal Place of Business Address SAF\*RISK L.C. 411 BATH CLUB BLVD SOUTH 411 BATH CLUB BLVD SOUTH N. REDINGTON BEACH FL 33708 N. REDINGTON BEACH FL 33708 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 10/11/1995 4. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 59-3344580 5. Date of Last Report 6. Certificate of Status Desired Country Žio Country S8 75 Additional Fee Required 03/31/1997

8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent BELL, JOHN U Street Address (P.O. Box Number Is Not Acceptable) 411 BATH CLUB BLVD SOUTH N. REDINGTON BEACH FL 33708 Suite, Apt. #, etc. City 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. (Registered Agent According 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 N. REDINGTON BEACH F 411 BATH CLUB BLVD SOUTH MGRM FERENC, SUSAN A 411 BATH CLUB BLVD SOUTH N. REDINGTON BEACH F 100002522481--6 -05/13/98--01112--008 \*\*\*\*188.75 \*\*\*\*188.75 11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), 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, or on an

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Date Dayling Prono #

attachment with an address.