FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2002 8:00 am Secretary of State DOCUMENT # L95000000778 1. Entity Name 04-17-2002 90024 009 ****55.00 SAF*RISK L.C. Principal Place of Business Mailing Address 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 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3344580 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BELL, JOHN U Street Address (P.O. Box Number is Not Acceptable) 411 BATH CLUB BLVD SOUTH N. REDINGTON BEACH FL 33708 Zip Code 8. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM Addition TITLE ☐ Delete TITLE ☐ Change NAME Bell, John U NAME STREET ADDRESS STREET ADDRESS 411 BATH CLUB BLVD SOUTH CITY-ST-ZIP CITY-ST-ZIP N. REDINGTON BEACH FL 33708 MGRM ☐ Change Addition TITLE ☐ Delete TITLE FERENC, SUSAN A NAME NAME STREET ADDRESS STREET ADDRESS 411 BATH CLUB BLVD SOUTH CITY-ST-ZIP N. REDINGTON BEACH FL 33708 CITY-ST-ZIP TITLE Delete TIT1 F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I 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 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.