

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L95000000778

FILED
Jul 15, 2004
Secretary of State

Entity Name: SAF*RISK L.C.

Current Principal Place of Business:

19610 GULF BOULEVARD
SUITE 213
ST. PETERSBURG, FL 33785

Current Mailing Address:

19610 GULF BOULEVARD
SUITE 213
ST. PETERSBURG, FL 33785

FEI Number: 59-3344580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

19610 GULF BOULEVARD
SUITE 416
ST. PETERSBURG, FL 33785

New Mailing Address:

19610 GULF BOULEVARD
SUITE 416
ST. PETERSBURG, FL 33785

Name and Address of Current Registered Agent:

BELL, JOHN U
19610 GULF BOULEVARD
ST. PETERSBURG, FL 33785 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGRM () Delete
Name: BELL, JOHN U
Address: 19610 GULF BOULEVARD
City-St-Zip: ST. PETERSBURG, FL 33785

Title: MGRM () Delete
Name: FERENC, SUSAN A
Address: 19610 GULF BOULEVARD
City-St-Zip: ST. PETERSBURG, FL 33785

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 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 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: JOHN U. BELL

MGRM

07/15/2004

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