2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L95000000778

Entity Name: SAF*RISK L.C.

FILED Mar 17, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

19610 GULF BOULEVARD SUITE 416

ST. PETERSBURG, FL 33785

Current Mailing Address: New Mailing Address:

19610 GULF BOULEVARD SUITE 416 ST. PETERSBURG, FL 33785

SI. PEIERSBURG, FL 33/85

FEI Number: 59-3344580 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BELL, JOHN U BELL, JOHN U

19610 GULF BOULEVARD 19610 GULF BOULEVARD

ST. PETERSBURG, FL 33785 US SUITE 416 ST. PETERSBURG, FL 33785 US

the above named antity submits this statement for the nurness of changing its registered office or registered a

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: 03/17/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 BELL, JOHN U
 Name:

 Address:
 19610 GULF BOULEVARD
 Address:

 City-St-Zip:
 ST. PETERSBURG, FL 33785
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 FERENC, SUSÁN A
 Name:

 Address:
 19610 GULF BOULEVARD
 Address:

 City-St-Zip:
 ST. PETERSBURG, FL 33785
 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 MGR 03/17/2005