

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L95000000778

FILED
Mar 19, 2007
Secretary of State

Entity Name: SAF*RISK L.C.

Current Principal Place of Business:

19610 GULF BOULEVARD
SUITE 416
ST. PETERSBURG, FL 33785

New Principal Place of Business:

Current Mailing Address:

19610 GULF BOULEVARD
SUITE 416
ST. PETERSBURG, FL 33785

New Mailing Address:

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

Name and Address of Current Registered Agent:

BELL, JOHN U
19610 GULF BOULEVARD
SUITE 416
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/MANAGERS:

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 Chapter 119, 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 03/19/2007

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