

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L95000000778

Entity Name: SAF*RISK L.C.

FILED
Mar 03, 2008
Secretary of State

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:

BELL, JOHN U
SUITE 416, 19610 GULF BOULEVARD
ST. PETERSBURG, FL 33785 US

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

03/03/2008

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: MGRM (X) Change () Addition
Name: BELL, JOHN U
Address: SUITE 416, 19610 GULF BOULEVARD
City-St-Zip: ST. PETERSBURG, FL 33785

Title: MGRM (X) Change () Addition
Name: FERENC, SUSAN A
Address: SUITE 416, 19610 GULF BOULEVARD
City-St-Zip: ST. PETERSBURG, FL 33785

I hereby certify that the information supplied with this filing does not qualify 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

03/03/2008

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