

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 APR 29 PM 4: 16

**FILING FEE \$ 188.75** **Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee**  
**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L98000000558**

**DEFINED RISK MANAGEMENT COMPANY, L.C.**  
**429 AUSTRALIAN AVENUE, NUMBER 5**  
**PALM BEACH FL 33480**

1a. Principal Place of Business Address

**429 AUSTRALIAN AVENUE, NUMBE**  
**PALM BEACH FL 33480**

2. Principal Place of Business

**429 AUSTRALIAN AVE**

Suite, Apt. #, etc.

**# 5**

2a. Mailing Address

Suite, Apt. #, etc.

City & State

**PALM BEACH**

City & State

Zip

**33480**

Country

**PALM BEACH**

Zip

Country

3. Date Organized or Qualified

**04/30/1998**

3a. State of Formation

**FL**

4. FEI Number

**65-0834515**

☐ Applied For

☐ Not Applicable

5. Date of Last Report

**N/A**

6. Certificate of Status Desired

☒ \$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

**SHAFFER, JONATHAN S**  
**429 AUSTRALIAN AVENUE, NUMBER 5**  
**PALM BEACH FL 33480**

8. Name and Address of New Registered Agent/Office

Name

**UNCHANGED**

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

**FL**

Zip Code

**11801**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

*Jonathan S. Shaffer*

DATE **4/27/99**

(Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when resigning)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

**MGRM SHAFFER, JONATHAN S**

**429 AUSTRALIAN AVENUE, NUM PALM BEACH FL**

**MGRM SHAFFER, MARGOT V**

**429 AUSTRALIAN AVENUE, NUM PALM BEACH FL**

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**\*\*\*\*188.75 \*\*\*\*188.75**

11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

*Jonathan S. Shaffer*

**4/27/99**

(Signature and Typed or Printed Name of Signing Managing Member or Manager)

Date

Daytime Phone #