

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2003 8:00 am
Secretary of State

08-15-2003 90055 028 ****50.00

DOCUMENT # M00000002470

1. Entity Name

RISK MANAGEMENT ALTERNATIVES SOLUTIONS LLC



Principal Place of Business

**4450 RIVER GREEN PKWY.. STE. 200
DULUTH GA 30096**

Mailing Address

**4450 RIVER GREEN PKWY.. STE. 200
DULUTH GA 30096**

2. Principal Place of Business

2675 Breckinridge Blvd.
Suite, Apt. #, etc.

3. Mailing Address

2675 Breckinridge Blvd.
Suite, Apt. #, etc.

City & State

Duluth, GA

City & State

Duluth, GA

Zip

30096

Country

US

Zip

30096

Country

US

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUNNINGHAM, DENNIS 4450 RIVER GREEN PKWY, SUITE 200 DULUTH GA 30096	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CONNOLLY, JOSEPH 4450 RIVER GREEN PKWY, SUITE 200 DULUTH GA 30096	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS HEUSEL, ALICE G 4450 RIVER GREEN PKWY, SUITE 200 DULUTH GA 30096	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAUER, TIMOTHY J 4450 RIVER GREEN PKWY, SUITE 200 DULUTH GA 30096	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAMS, JOHN 4450 RIVER GREEN PKWY, SUITE 200 DULUTH GA 30096	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAUNER, BRUCE V 4450 RIVER GREEN PKWY, SUITE 200 DULUTH GA 30096	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I 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 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.

SIGNATURE:

ALICE G. HEUSEL

Date

Daytime Phone #

7/25/03 (nnn) 925-5331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (4/03)