2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State
04-16-2007 90354 032 ****55.00

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1. Entity Name
SPECIAL RISK MARKETING SERVICES LLC

Principal Place of Business	Mailing Address
3990 BRONX BOULEVARD SUITE 5L BRONX, NY 10468	3990 BRONX BOULEVARD SUITE 5L BRONX, NY 10468

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip / Country	Zip / Country

04022007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 36-4489064 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KEEVERS, TIMOTHY L
19015 DOVE CREEK DRIVE
TAMPA, FL 33647-3085

7. Name and Address of New Registered Agent

Name: Timothy L. Keevers
Street Address (P.O. Box Number is Not Acceptable): 2603 Coastal Range Way
City: Lutz, FL Zip Code: 33559

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] Timothy L. Keevers, An Individual — DATE: April 4, 2007

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BRADLEY, VERNON 3990 BRONX BLVD., SUITE 5L NEW YORK, NY 10468 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President & Managing Mbr. Vernon Bradley 3990 Bronx Blvd., Suite 5L Bronx, New York 10466 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KEEVERS, TIMOTHY L 19015 DOVE CREEK DRIVE TAMPA, FL 33647 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP & Managing Member Timothy L. Keevers 2603 Coastal Range Way Lutz, Florida 33559 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] — April 4, 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Vernon Bradley, Its: President & Managing Member