2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M98000000348

1. Entity Name

STREET ADDRESS CITY-SI-ZIP

RISK & INSURANCE CONSULTING SERVICES, LLC



Principal Place of Business

120 INTERNATIONAL PARKWAY, #176 LAKE MARY, FL 32746 Mailing Address

120 INTERNATIONAL PARKWAY, #176 LAKE MARY, FL 32746 FILED Apr 08, 2004 08:00 AM Secretary of State



03242004 No Chg-LLC

CR2E083 (10/03)

Fee Required

Daytime Phone #

4. FEI Number	Applied For
91-1878031	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

6. Name and Address of Current Registered Agent

JENNINGS, LYNN 120 INTERNATIONAL PARKWAY, #176 LAKE MARY, FL 32746

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		}		
	named entity submits this statement for the purpose of changings of registered agent.	ging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title it applicable	(NOTE, Registered Agent signature required when reinstating)	DATE	
Fi	iling Fee is \$50.00 ue by May 1, 2004			
9.	MANAGING MEMBERS/MANAGERS			
THEE NAME STREET ADDRESS CHY+ST-ZIP	MGR JENNINGS, LYNN 120 INTERNATIONAL PARKWAY, #176 LAKE MARY, FL 32746		000000106682 04/08/04-80025-011 50.00	
TITLE NAME STREET ADDRESS CHY-ST-2IP	MGR RITCHIE, RICHARD R 5755 DOVNICK DRIVE LILBURN, GA 30247			
TITLE NAME STREET AODRESS CITY - ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		IN '	IN THIS SPACE	
NAME STREET ADDRESS CITY+ST-ZIP			·	
TITLE NAME				

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statufes. 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 AND TYPED OR PRINTED NAME OF STORTING CARRIESER, OR AUTHORIZED REPRESENTATIVE

BRENDA RUPLEY COMPTROLLER