2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2013
Secretary of State
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Entity Name: RISK TRANSFER PROGRAMS, LLC

Current Principal Place of Business:

219 E. LIVINGSTON ST
ORLANDO, FL 32801

Current Mailing Address:

219 E. LIVINGSTON ST
ORLANDO, FL 32801

FEI Number: 26-4106325

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOWMAN, WILLIAM RJR ESQ
1000 LEGION PLACE STE 1700
ORLANDO, FL 32801 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 — Date

Authorized Person(s) Detail :

Title	MGR	Title	P
Name	HUGHES, PAUL R	Name	FABRIZIO, DINO A
Address	219 E. LIVINGSTON ST	Address	219 E LIVINGSTON STREET
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	ORLANDO FL 32801

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAUL R HUGHES MANAGER 01/07/2013

Electronic Signature of Signing Authorized Person(s) Detail — Date