

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000044468

**FILED  
Jul 12, 2006  
Secretary of State**

**Entity Name:** SAFE-POINT, LLC

**Current Principal Place of Business:**

1524 SMALLWOOD CIRCLE  
CLEARWATER, FL 33755

**New Principal Place of Business:**

**Current Mailing Address:**

1524 SMALLWOOD CIRCLE  
CLEARWATER, FL 33755

**New Mailing Address:**

**FEI Number:** 01-0802032      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KINGSLEY, CAROL  
1524 SMALLWOOD CIRCLE  
CLEARWATER, FL 33755    US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: AVRIN, JEFF  
Address: 900 GROVE ST  
City-St-Zip: CLEARWATER, FL 33755

Title: MGR      ( ) Delete  
Name: KINGSLEY, CAROL R  
Address: 1524 SMALLWOOD CIRCLE  
City-St-Zip: CLEARWATER, FL 33755

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: CAROL KINGSLEY

PRES

07/12/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date