FILED
Apr 18, 2006 08:00 AM
Secretary of State

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000061834

1. Entity Name
SAFO, LLC

Principal Place of Business	Mailing Address
C/O EFRAT PELED 10800 BISCAYNE BLVD., SUITE 950 MIAMI, FL 33161	C/O EFRAT PELED 10800 BISCAYNE BLVD., SUITE 950 MIAMI, FL 33161

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04072006No Chg-LLC CR2E083 (11/05)

4. FEI Number
52-2392205
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ETERNITY FIVE TRUST
STREET ADDRESS	1201 N. ORANGE STREET #700
CITY-ST-ZIP	WILMINGTON, DE 198011186
TITLE	MGRM
NAME	PELED, EFRAT MGR
STREET ADDRESS	10800 BISCAYNE BLVD #950
CITY-ST-ZIP	MIAMI, FL 33161
TITLE	MGRM
NAME	JAWORSKI, DIANNE MGR
STREET ADDRESS	10800 BISCAYNE BLVD #950
CITY-ST-ZIP	MIAMI, FL 33161
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/01/06-80056-002 50.00

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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: Dianne Jaworski 4/13/06 305-891-0017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #