2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# L04000061834

Entity Name: SAFO, LLC

Current Principal Place of Business:

C/O EFRAT PELED
10800 BISCAYNE BLVD., SUITE 950
MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

C/O EFRAT PELED
10800 BISCAYNE BLVD., SUITE 950
MIAMI, FL 33161

New Mailing Address:

FEI Number: 52-2392205 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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:	NORTHERN TRUST, N.A.,	
Address:	700 BRICKELL AVENUE	
City-St-Zip:	MIAMI, FL 33131	
Title:	MEMB	( ) Delete
Name:	NORTHERN TRUST CO. O, F DELAWARE	
Address:	700 BRICKELL AVE.	
City-St-Zip:	MIAMI, FL 33131	
Title:	PRES	( ) Delete
Name:	PELED, EFRAT	
Address:	10800 BISCAYNE BLVD. STE 950	
City-St-Zip:	MIAMI, FL 33161	
Title:	OFCR	( ) Delete
Name:	JAWORSKI, DIANNE	
Address:	10800 BISCAYNE BLVD. STE 950	
City-St-Zip:	MIAMI, FL 33161	
Title:	OFCR	( ) Delete
Name:	FISHER, JANN	
Address:	10800 BISCAYNE BLVD. STE 950	
City-St-Zip:	MIAMI, FL 33161	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: DIANNE JAWORSKI OFCR 02/05/2009

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