


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000086162</b> 1. Entity Name SAFER ROADS LLC	
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Principal Place of Business 9556 HISTORIC KINGS ROAD SOUTH SUITE 315 JACKSONVILLE, FL 32257	Mailing Address 9556 HISTORIC KINGS ROAD SOUTH SUITE 315 JACKSONVILLE, FL 32257
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03112008 No Chg-LLC      CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3391636	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GOODBREAD, MICHAEL E JR  
 50 NORTH LAURA STREET, STE. 2200  
 JACKSONVILLE, FL 32202

DO NOT WRITE  
IN THIS SPACE

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

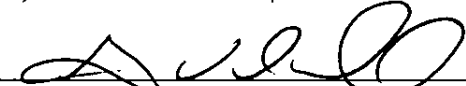
FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE	P
NAME	DRISKELL, GREG
STREET ADDRESS	9556 HISTORIC KINGS RD S, STE 315
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

U00000343674  
05/29/08-80069-002 138.75

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:       4/29/08      904 733 2121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #