


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # M00000002011
 1. Entity Name
 S.A.F.E. INSPIRMERCIAL, LLC



Principal Place of Business Mailing Address
 11927 MAIDSTONE DRIVE 11927 MAIDSTONE DRIVE
 WEST PALM BEACH FL 33414 WEST PALM BEACH FL 33414

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



MOORE CR2E083 (11/03)

4. FEI Number 65-0875977 Applied For Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required
 6. Name and Address of Current Registered Agent
 MCEACHERN, WILLIAM D ESQ.
 WINTHROP, STIMSON, PUTNAM & ROBERTS
 125 WORTH AVENUE, SUITE 310
 PALM BEACH FL 33480
 7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

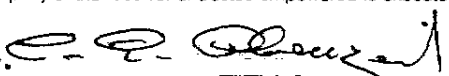
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|------------------------------|--------------------------|---------------------------------|-----------------------|--------------------------|---|
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | S.A.F.E. | | NAME | 000000048684 | |
| STREET ADDRESS | 11927 MAIDSTONE DRIVE | | STREET ADDRESS | 02/12/04-80091-003 50.00 | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33414 | | CITY-ST-ZIP | | |
| TITLE | MEM | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ABOUZEID, GEORGE | | NAME | | |
| STREET ADDRESS | 11927 MAIDSTONE DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33414 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **GEORGE A. ABOUZEID** 2-6-04 561-793-6383