



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90035 016 ****50.00

DOCUMENT # M00000002011					
1. Entity Name S.A.F.E. INSPIRMERCIAL, LLC					
Principal Place of Business 11927 MAIDSTONE DRIVE WEST PALM BEACH, FL 33414			Mailing Address 11927 MAIDSTONE DRIVE WEST PALM BEACH, FL 33414		
2. Principal Place of Business - No P.O. Box # <i>1072 N. Ocean Blvd</i>		3. Mailing Address <i>1072 N. Ocean Blvd</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Palm Beach, FL</i>		City & State <i>Palm Beach, FL</i>		01032007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 65-0875977		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip <i>33480</i>		Country <i>U.S.A</i>		Zip <i>33480</i>	
Country <i>U.S.A</i>		City & State <i>Palm Beach, FL</i>		City <i>Palm Beach</i>	
6. Name and Address of Current Registered Agent GEORGE, ABOUZEID A 11927 MAIDSTONE DRIVE WEST PALM BEACH, FL 33414		7. Name and Address of New Registered Agent Name <i>Mr. George A. Abouzeid</i> Street Address (P.O. Box Number is Not Acceptable) <i>1072 N. Ocean Blvd</i> City <i>Palm Beach</i> FL Zip Code <i>33480</i>			
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 <i>George A. Abouzeid</i> Director <i>1-30-07</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM S.A.F.E. 11927 MAIDSTONE DRIVE WEST PALM BEACH, FL 33414	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM ABOUZEID, GEORGE 11927 MAIDSTONE DR. WEST PALM BEACH, FL 33414	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <i>George A. Abouzeid</i>			Date <i>1/30/07</i> Daytime Phone # <i>(561) 844-9764</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					