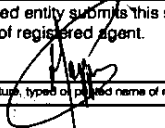
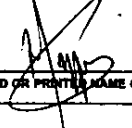


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90368 036 ****55.00

DOCUMENT # L05000042954 1. Entity Name SAFETY HARBOR LAUNDROMAT, LLC					
Principal Place of Business 1003 WILLOW POOND DRIVE SAFETY HARBOR, FL 34685			Mailing Address 1003 WILLOW POOND DRIVE SAFETY HARBOR, FL 34685		
2. Principal Place of Business - No P.O. Box # 690 MAIN STREET Suite, Apt. #, etc.		3. Mailing Address 1875 SUNSET POINT RD. Suite, Apt. #, etc. APT 604			
City & State SAFETY HARBOR, FL		City & State CLEARWATER, FL		4. FEI Number 20-2855231	
Zip 34695		Country PINEHILLS		5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HAJJAR, SAMIR 1003 WILLOW POOND DRIVE SAFETY HARBOR, FL 34685				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					
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	MGR HAJJAR, SAMIR 1003 WILLOW POOND DRIVE SAFETY HARBOR, FL 34685 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 			02/14/2007 727.417.9577 Date Daytime Phone #		