

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010201

FILED
Mar 13, 2007
Secretary of State

Entity Name: FALL SAFE SOLUTIONS, L.L.C.

Current Principal Place of Business:

5490 LEE STREET
LEHIGH ACRES, FL 33971

New Principal Place of Business:

Current Mailing Address:

5490 LEE STREET
LEHIGH ACRES, FL 33971

New Mailing Address:

FEI Number: 03-0382279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WALLS, JEFFERY G
5490 LEE STREET
LEHIGH ACRES, FL 33971 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: MGRM () Delete
Name: WALLS, JEFFERY G
Address: 5490 LEE STREET
City-St-Zip: LEHIGH ACRES, FL 33971

Title: MGRM () Delete
Name: SHELTON, ROBERT G
Address: 2010 NE 3RD STREET
City-St-Zip: CAPE CORAL, FL 33990

Title: MGRM () Delete
Name: GOLDEN, JAMES N
Address: 4334 SW 25TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES N GOLDEN

MR.

03/13/2007

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