


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90017 032 ****50.00

DOCUMENT # L03000024799 1. Entity Name SAFETYNET IN PLACE BUSINESS SOLUTIONS, LLC					
Principal Place of Business 7044 STAPOINT COURT WINTER PARK, FL 32792			Mailing Address 7044 STAPOINT COURT WINTER PARK, FL 32792		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		04282005 Chg-LLC CR2E083 (10/03)
4. FEI Number 57-1183-158 APPLIED FOR		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					6. Name and Address of Current Registered Agent KRAMPE, MARK H 7044 STAPOINT CT WINTER PARK, FL 32792
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reissuing)</small>
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
<input type="checkbox"/> MGR <input type="checkbox"/> KRAMPE, MARK <input type="checkbox"/> 7044 STAPOINT CT <input type="checkbox"/> WINTER PARK, FL 32792	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		
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<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		
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 606, Florida Statutes.					
SIGNATURE: <u>MARK KRAMPE</u> 4-29-05 407-657 5935 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					