


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90133 025 ****50.00

DOCUMENT # L03000044834 1. Entity Name SOUTH WEST SAFETY, L.L.C.			
Principal Place of Business 4427 S.E. 16TH PLACE, #2 CAPE CORAL, FL 33904		Mailing Address 4427 S.E. 16TH PLACE, #2 CAPE CORAL, FL 33904	
2. Principal Place of Business <i>18481 N TAMiami TRAIL</i>		3. Mailing Address <i>4426 SW 12th PL.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>N. Fort Myers</i>		City & State <i>Cape Coral, FL</i>	
Zip <i>33903</i>		Zip <i>33914</i>	
Country <i>FL</i>		Country <i>USA</i>	
4. FEI Number 51-0490197		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 WRIGHT, CHRISTINE F ESQ 4427 S.E. 16TH PLACE, #2 CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name <i>Joe Engelhard</i> Street Address (P.O. Box Number is Not Acceptable) <i>4426 SW 12th Place</i> City <i>Cape Coral</i> FL Zip Code <i>33914</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>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <i>3/22/05</i> <small>(NOTE: Registered Agent signature required when reinstating)</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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ENGELHARD, JOE 4427 SE 16TH PL. #2 CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Engelhard, Joe 4426 SW 12th Place Cape Coral, FL 33914
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <i>3/22/05</i> <small>Daytime Phone #</small>	