



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 12, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90051 004 \*\*\*\*50.00

**34005986**

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| <b>DOCUMENT # L03000049358</b><br>1. Entity Name<br><b>J&amp;D SAFE COMPANY, LLC</b>  |   |   |  |   |  |
| Principal Place of Business<br><b>2419 E. COMMERCIAL BLVD, STE 100<br/>FORT LAUDERDALE, FL 33308</b>  |   |   | Mailing Address<br><b>2419 E. COMMERCIAL BLVD, STE 100<br/>FORT LAUDERDALE, FL 33308</b>   |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip                      Country   |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip                      Country |  |  |  |
| 02202004    Chg-LLC    CR2E083 (10/03)  |   |   |  | 4. FEI Number<br><b>20-0546038</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>   |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable                             |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WASSERSTROM, ELLEN<br/>100 W. CYPRESS CREEK RD, STE 700<br/>FORT LAUDERDALE, FL 33309</b>   |   |   | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____   |   |   |  |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b>   |   | <b>Make check payable to<br/>Florida Department of State</b>  |  |  |  |
| <b>9. MANAGING MEMBERS / MANAGERS</b>   |   |   | <b>10. ADDITIONS / CHANGES</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>LAMBERT, DANIEL<br>2419 E. COMMERCIAL BLVD, STE 100<br>FORT LAUDERDALE, FL 33308 | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>VERRILLO, JAMES<br>2419 E. COMMERCIAL BLVD, STE 100<br>FORT LAUDERDALE, FL 33308 | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>MANAGER<br/>HEYDEN, CHRISTINA<br/>2419 E. COMMERCIAL BLVD, STE 100<br/>FT. LAUDERDALE, FL 33308</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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 508, Florida Statutes. |   |   |  |  |  |
| <b>SIGNATURE:</b> <i>Christina Heyden</i> <i>Christina Heyden</i>   |   |   |  | Date <i>4/30/04</i> Daytime Phone # <i>954-630-9449</i>                            |  |