

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90126 001 \*\*\*\*50.00

|  |   |  |  |  |   |
|--|---|--|--|--|---|
| <b>DOCUMENT # L04000012756</b>   |   |  |  |  |   |
| <b>1. Entity Name</b><br>ABOUT SAFETY POOLSITTER SAFETY FENCE EDDIE BENTLEY LLC  |   |  |  |  |   |
| <b>Principal Place of Business</b><br>159 DAISY STREET<br>HOMOSASSA, FL 34446  |   |  | <b>Mailing Address</b><br>159 DAISY STREET<br>HOMOSASSA, FL 34446                                      |  |   |
| <b>2. Principal Place of Business</b>  |   |  | <b>3. Mailing Address</b>  |  |   |
| Suite, Apt. #, etc.  |   |  | Suite, Apt. #, etc.  |  |   |
| City & State   |   |  | City & State   |  |   |
| Zip  |   | Country  |  | Zip  |   |
| Country  |   | Country  |  | 03232005    Chg-LLC    CR2E083 (10/03)                 |   |
| <b>4. FEI Number</b><br>43-2040040   |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable |   |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |   |  |  | <b>\$5.00 Additional Fee Required</b>                  |   |
| <b>6. Name and Address of Current Registered Agent</b>   |   |  | <b>7. Name and Address of New Registered Agent</b>   |  |   |
| BENTLEY, EDDIE<br>159 DAISY STREET<br>HOMOSASSA, FL 34446  |   |  | Name<br>_____<br>Street Address (P.O. Box Number is Not Acceptable)<br>_____<br>_____<br>City<br>_____ |  |   |
| FL   |   |  | Zip Code   |  |   |
| <b>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.</b>   |   |  |  |  |   |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |  |  |  |   |
| <b>Filing Fee is \$50.00 Due by May 1, 2005</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>BENTLEY, EDDIE<br>159 DAISY STREET<br>HOMOSASSA, FL 34446    | <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>BENTLEY, VIRGINIA<br>159 DAISY STREET<br>HOMOSASSA, FL 34446 | <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                              |  | 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                              |  | 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                              |  | 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                              |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>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.</b> |   |  |  |  |   |
| <b>SIGNATURE:</b> <u>Eddie Bentley</u> Eddie Bentley   |   |  |  | 11-29-05    352-382-5181                               |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING-MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |  |  | <small>Date    Daytime Phone #</small>                 |   |