


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 NOV 10 AM 9:52

<b>DOCUMENT # L04000039796</b> 1. Entity Name <b>SAFETY SEAL, LLC</b>	
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Principal Place of Business 24709 RODAS DRIVE BONITA SPRINGS, FL 34135 US	Mailing Address P.O. BOX 38 BONITA SPRINGS, FL 34133
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>PO BOX 97</b> Suite, Apt. #, etc.
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City & State Zip	City & State Zip	Country	Country
	<b>BONITA SPRINGS FL</b>	<b>34133</b>	<b>USA</b>



07142005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>201319792</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  OTT, KEITH H 24709 RODAS DRIVE BONITA SPRINGS, FL 34135	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MANAGER MGR <input type="checkbox"/> Delete	TITLE	
NAME	Keith OTT	NAME	
STREET ADDRESS	24709 RODAS DR	STREET ADDRESS	800060453408
CITY-ST-ZIP	Bonita Springs FL 34135	CITY-ST-ZIP	10/10/05--01065--005 **50.00
TITLE	ASST. MANAGER MGR <input type="checkbox"/> Delete	TITLE	
NAME	NEVA S. OTT	NAME	
STREET ADDRESS	24709 RODAS DR	STREET ADDRESS	500061339335
CITY-ST-ZIP	BONITA SPRINGS FL 34135	CITY-ST-ZIP	11/10/05--01033--012 **100.00
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<b>REINSTATEMENT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<b>2005</b>
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:** Neva S. Ott 7-13-05 239 495-7489  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #