2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

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Entity Name: SAFETY GUARD TECHNOLOGIES, L.L.C.

Current Principal Place of Business:

950 ENCORE WAY
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

950 ENCORE WAY
NAPLES, FL 34110

New Mailing Address:

FEI Number: 20-2600767 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WOLSKI, JOHN R MGR
950 ENCORE WAY
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ______________________________

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	TAYLOR, THOMAS M MGRM	
Address:	950 ENCORE WAY	
City-St-Zip:	NAPLES, FL 34110 US	
Title:	MGR	( ) Delete
Name:	WOLSKI, JOHN R MGR	
Address:	950 ENCORE WAY	
City-St-Zip:	NAPLES, FL 34110 US	
Title:	MGR	( ) Delete
Name:	BENSON, RONALD E MGR	
Address:	950 ENCORE WAY	
City-St-Zip:	NAPLES, FL 34110 US	
Title:	MGR	( ) Delete
Name:	HERMANSON, GEORGE H MGR	
Address:	950 ENCORE WAY	
City-St-Zip:	NAPLES, FL 34110 US	
Title:	MGR	( ) Delete
Name:	DEWHIRST, NED E MGR	
Address:	6200 WHISKEY CREEK DRIVE	
City-St-Zip:	FT. MYERS, FL 33919 US	
Title:	MGR	( ) Delete
Name:	MURRAY, ROBERT L MGR	
Address:	6200 WHISKEY CREEK DRIVE	
City-St-Zip:	FT. MYERS, FL 33919 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN R. WOLSKI MGR 01/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date