

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064599

FILED  
Mar 01, 2005  
Secretary of State

Entity Name: SAFETY TUBS HOLDINGS, LLC

**Current Principal Place of Business:**

4811 LYONS TECHNOLOGY PARKWAY, SUITE 25  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

4811 LYONS TECHNOLOGY PARKWAY, SUITE 25  
COCONUT CREEK, FL 33073

**New Mailing Address:**

FEI Number: 51-0522755

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONATHAN J. LICHTMAN, P.A.  
120 EAST PALMETTO PARK ROAD, SUITE 100  
BOCA RATON, FL 33432 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: NEIDICH, ANDRE J  
Address: 4811 LYONS TECHNOLOGY PARKWAY, SUITE 25  
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGR ( ) Delete  
Name: SCHULZE, MICHAEL  
Address: 26511 CHAMOMILE STREET  
City-St-Zip: MURRIETA, CA 92562

**ADDITIONS/CHANGES:**

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 Section 119.07(3)(i), 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: ANDRE NEIDICH

MGR

03/01/2005

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