

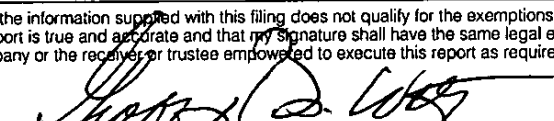


FILED
Jan 13, 2006 8:00 am
Secretary of State

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DOCUMENT # L04000086405				01-13-2006 90035 042 ***50.00	
1. Entity Name SAFE LANE, LLC					
Principal Place of Business 699 17TH STREET STE. E VERO BEACH, FL 32960		Mailing Address 699 17TH STREET STE. E VERO BEACH, FL 32960			
2. Principal Place of Business 1555 Indian River Blvd Suite, Apt. #, etc. B120		3. Mailing Address 1555 Indian River Blvd Suite, Apt. #, etc. B120		60001309 	
City & State Vero Beach, FL		City & State Vero Beach, FL		01062006 Chg-LLC CR2E083 (11/05)	
Zip 32960		Country Ind. River		4. FEI Number 20-1997784	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TAYLOR, J. ATWOOD III 5070 N. HIGHWAY A-1-A STE. 200 VERO BEACH, FL 32963				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM WOLF, GEOFFREY B M.D. 699 17TH STREET STE. E VERO BEACH, FL 32960 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM Wheley, Martha MD 1555 Indian River Blvd. B120 Vero Beach, FL 32960 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM FEGERT, VIRGINIA E M.D. 699 17TH STREET STE. E VERO BEACH, FL 32960 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM Richardson, M.L. MD 1555 Indian River Blvd., B120 Vero Beach, FL 32960 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM MONUSZKO, EILEEN M.D. 699 17TH STREET STE. E VERO BEACH, FL 32960 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM Monuszko, Eileen MD 1555 Indian River Blvd., B120 Vero Beach, FL 32960 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM LANGFORD, MICHAEL D M.D. 699 17TH STREET STE. E VERO BEACH, FL 32960 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM Langford, Michael D. MD 1555 Indian River Blvd, B120 Vero Beach, FL 32960 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM KLEOPOULOS, NIKITAS M.D. 699 17TH STREET STE. E VERO BEACH, FL 32960 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM Kleopoulos, Nikitas M.D. 1555 Indian River Blvd., B120 Vero Beach, FL 32960 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM PORTELL, DONALD J D.O. 699 17TH STREET STE. E VERO BEACH, FL 32960 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM Portell, Donald J DO 1555 Indian River Blvd., B120 Vero Beach, FL 32960 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  1/9/06 (772) 778-9621					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

ATTACHMENT

60001309

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SAFE LANE, LLC

DOCUMENT #104000086405

Managing Members/ Managers - Continued

Please make the following changes of address:

Wolf, Geoffrey B MD
1555 Indian River Boulevard, B120
Vero Beach, FL 32960

Fegert, Virginia E MD
1555 Indian River Boulevard, B120
Vero Beach, FL 32960