

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90138 045 ****50.00

DOCUMENT # L04000086405

1. Entity Name
SAFE LANE, LLC



Principal Place of Business
**1555 INDIAN RIVER BLVD.
B120
VERO BEACH, FL 32960**

Mailing Address
**1555 INDIAN RIVER BLVD.
B120
VERO BEACH, FL 32960**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01252007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-1997784

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME WOLF, GEOFFREY B M.D.
STREET ADDRESS 699 17TH STREET STE. E
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE MGRM ☐ Delete
NAME FEGERT, VIRGINIA E M.D.
STREET ADDRESS 699 17TH STREET STE. E
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE MGRM ☐ Delete
NAME MONUSZKO, EILEEN
STREET ADDRESS 1555 INDIAN RIVER BLVD. B120
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE MGRM ☒ Delete
NAME LANGFORD, MICHAEL
STREET ADDRESS 1555 INDIAN RIVER BLVD. B120
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE MGRM ☐ Delete
NAME KLEOPOULOS, NIKITAS M.D.
STREET ADDRESS 1555 INDIAN RIVER BLVD. B120
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE MGRM ☐ Delete
NAME PORTELL, DONALD J D.O.
STREET ADDRESS 1555 INDIAN RIVER BLVD. B120
CITY-ST-ZIP VERO BEACH, FL 32960

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Change ☒ Addition
NAME Richardson, M.L.III, MD
STREET ADDRESS 1555 Indian River Blvd. B120
CITY-ST-ZIP Vero Beach, FL 32960

TITLE MGRM ☒ Change ☐ Addition
NAME Wolf, Geoffrey B M.D.
STREET ADDRESS 1555 Indian River Blvd B120
CITY-ST-ZIP Vero Beach, FL 32960

TITLE MGRM ☒ Change ☐ Addition
NAME Fegert, Virginia E. MD
STREET ADDRESS 1555 Indian River Blvd. B120
CITY-ST-ZIP Vero Beach, FL 32960

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/30/07 (772) 778-9621