


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-01-2006 90221 040 ****50.00

| | |
|---|---|
| DOCUMENT # L05000002682 |  |
| 1. Entity Name SAFECA GENERAL PARTNER, L.L.C. | |

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| Principal Place of Business 2100 WEST BEACH DRIVE, UNIT Y-204 PANAMA CITY FL 32401 | Mailing Address 2100 WEST BEACH DRIVE, UNIT Y-204 PANAMA CITY FL 32401 |
|--|--|



1st MOORE CR2E083 (10/05)

| | |
|---|---|
| 2. Principal Place of Business 2100 W BEACH DRIVE | 3. Mailing Address 2100 W BEACH DRIVE |
| Suite, Apt. #, etc. I 201 | Suite, Apt. #, etc. I 201 |
| City & State PANAMA CITY - FL | City & State PANAMA CITY - FL |
| Zip 32401 | Country |

| | |
|--|--|
| 4. FEI Number 74-1920768 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

| | |
|--|--|
| 8. Name and Address of Current Registered Agent GIOIELLO, JOHN L ESO 404 JENKS AVENUE PANAMA CITY FL 32401 | 7. Name and Address of New Registered Agent Name J. H. LONDONO Street Address (P.O. Box Number is Not Acceptable) 2100 W BEACH DRIVE I 201 City PANAMA CITY FL Zip Code 32401 |
|--|--|

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 *J. H. Londono* DATE 2/20/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM LONDONO, ALEXANDRA 2100 WEST BEACH DRIVE, UNIT Y-204 PANAMA CITY FL 32401 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 2100 W. Beach Dr I 201 PANAMA CITY - FL 32401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input 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 Section 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: *Alexandra P. Londono* DATE 2/20/06 DAYTIME PHONE # 305-975-6388

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



ATTACHMENT

30002688

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2006

SAFECA GENERAL PARTNER, L.L.C.
2100 WEST BEACH DR
1201
PANAMA CITY, FL 32401

Subject: **SAFECA GENERAL PARTNER, L.L.C.**

Reference Number: **L05000002682**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION