
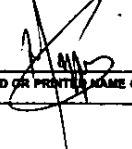


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90368 036 \*\*\*\*55.00

<b>DOCUMENT # L05000042954</b> 1. Entity Name <b>SAFETY HARBOR LAUNDROMAT, LLC</b>					
Principal Place of Business <b>1003 WILLOW POOND DRIVE SAFETY HARBOR, FL 34685</b>			Mailing Address <b>1003 WILLOW POOND DRIVE SAFETY HARBOR, FL 34685</b>		
2. Principal Place of Business - No P.O. Box # <b>690 MAIN STREET</b> Suite, Apt. #, etc.		3. Mailing Address <b>1875 SUNSET POINT RD.</b> Suite, Apt. #, etc. <b>APT 604</b>			
City & State <b>SAFETY HARBOR, FL</b>		City & State <b>CLEARWATER, FL</b>		4. FEI Number <b>20-2855231</b>	
Zip <b>334695</b>		Country <b>FLORIDA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HAJJAR, SAMIR 1003 WILLOW POOND DRIVE SAFETY HARBOR, FL 34685</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR HAJJAR, SAMIR 1003 WILLOW POOND DRIVE SAFETY HARBOR, FL 34685</b> <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 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.					
<b>SIGNATURE:</b> 			02/14/2007 727.4179577 Date Daytime Phone #		