

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000069203

Entity Name: BLR SAFETY HARBOR, LLC

FILED
Mar 13, 2009
Secretary of State

Current Principal Place of Business:

1035 SOUTH FEDERAL HWY
205
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

HC 1 BOX 2337
TANNERSVILLE, PA 18372

New Mailing Address:

803 MAIN STREET
STROUDSBURG, PA 18360

FEI Number: 20-3223277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERARDI, MICHAEL
1035 SOUTH FEDERAL HWY
205
DELRAY BEACH, FL 33483 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/MANAGERS:

Title: MGRM () Delete
Name: BERARDI, MICHAEL SR
Address: HC 1 BOX 2337
City-St-Zip: TANNERSVILLE, PA 18372

Title: MGRM () Delete
Name: LUBECK, JOSEPH
Address: 825 PARKWAY ST SUITE 4
City-St-Zip: JUPITER, FL 33477

Title: MGRM () Delete
Name: REIMAN, KARL
Address: 1035 S FEDERAL HWY # 201
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BERARDI, MICHAEL SR
Address: 803 MAIN STREET
City-St-Zip: STROUDSBURG, PA 18360

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 exemption stated in Chapter 119, 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: MICHAEL BERARDI

TRES

03/13/2009

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