2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000012280

Entity Name: SAFE ZONE, LLC

City-St-Zip:

FILED Jun 21, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: % 2629 HORSESHOE DRIVE SOUTH % 3530 KRAFT ROAD NAPLES, FL 34104 SUITE 100 NAPLES, FL 34105 **Current Mailing Address: New Mailing Address:** % 2629 HORSESHOE DRIVE SOUTH % 3530 KRAFT ROAD NAPLES, FL 34104 SUITE 100 NAPLES, FL 34105 FEI Number: 20-4355430 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GFPAC SERVICES, LLC VALENTINE, ROBERT D PRES 5551 RIDGEWOOD DRIVE, STE. 501 3530 KRAFT ROAD NAPLES, FL 34108 SUITE 100 NAPLES, FL 34105 US 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: ROBERT VALENTINE 06/21/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: () Delete Title: () Change (X) Addition SCHALLERT, JOHN B VP Name: Name: Address: Address: 3530 KRAFT ROAD SUITE 100 City-St-Zip: City-St-Zip: NAPLES, FL 34105 US Title: Title: () Change (X) Addition () Delete NOLEN, DUSTIN VP Name: Name: Address: Address: 3530 KRAFT ROAD SUITE 100 City-St-Zip: City-St-Zip: NAPLES, FL 34105 US Title: () Delete Title: **PRES** () Change (X) Addition VALENTINE, ROBERT D PRES Name: Name: 3530 KRAFT ROAD SUITE 100 Address: Address:

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.

City-St-Zip:

NAPLES, FL 34105 US

SIGNATURE: JOHN BC SCHALLERT VP 06/21/2007