


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90256 043 ****50.00

DOCUMENT # L06000073190			
1. Entity Name BA-BE SAFE, LLC			
Principal Place of Business 1541 UNIVERSITY BOULEVARD, WEST JACKSONVILLE, FL 32217 US		Mailing Address 1541 UNIVERSITY BOULEVARD, WEST JACKSONVILLE, FL 32217 US	
2. Principal Place of Business - No P.O. Box # 1835 US 1 South		3. Mailing Address 1835 US 1 South	
Suite, Apt., #, etc. Suite 119, # 208		Suite, Apt., #, etc. Suite 119, # 208	
City & State St. Augustine, Florida		City & State St. Augustine, Florida	
Zip 32084	Country USA	Zip 32084	Country USA
4. FEI Number 20-5311415		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent DESCHAIINE, ELAINE 2711 CR 208 SAINT AUGUSTINE, FL 32095		7. Name and Address of New Registered Agent Name Deschaine, Elaine Street Address (P.O. Box Number is Not Acceptable) 1835 US 1 South Suite 119 #208 City St. Augustine, FL Zip Code 32084	
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 _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DESCHAIINE, ELAINE 2711 CR 208 SAINT AUGUSTINE, FL 32095 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Deschaine, Elaine 1835 US 1 South Suite 119 #208 St. Augustine, FL 32084 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: ELAINE DESCHAIINE		Date 5/1/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	