2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/1

DOCUMENT # L06000073694

1. Entity Name
SAFE HOLE CONSULTING LLC

Principal Place of Business	Mailing Address
1240 PALISADE CIRCLE PENSACOLA, FL 32504 US	1240 PALISADE CIRCLE PENSACOLA, FL 32504 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip — Country	Zip — Country

03292007   Chg-LLC   CR2E083 (12/06)

4. FEI Number 20-5267913   □ Applied For   □ Not Applicable

5. Certificate of Status Desired   □   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARRIS, MICHAEL A 1240 PALISADE CIRCLE PENSACOLA, FL 32504	Name ___ Street Address (P.O. Box Number is Not Acceptable) ___ City ___ FL 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 _____
Signature, typed or printed name of registered agent and title if applicable.   (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	MGRM	□ Delete	TITLE		□ Change	□ Addition
NAME	HARRIS, MICHAEL A		NAME			
STREET ADDRESS	1240 PALISADE CIRCLE		STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32504		CITY-ST-ZIP			
TITLE		□ Delete	TITLE		□ Change	□ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		□ Delete	TITLE		□ Change	□ Addition
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TITLE		□ Delete	TITLE		□ Change	□ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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: _____   4/4/07   850 637 1956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #