2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000079893

Entity Name: L.E. #1 SAFES, LC

FILED Apr 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

367 W. BLACKJACK BRANCH WAY
JACKSONVILLE, FL 32259

401 5 LEWIS SPEE DWAY
ST. AUGUSTINE, FL 32084

Current Mailing Address: New Mailing Address:

401 5 LEWIS SPEEDWAY ST. AUGUSTINE, FL 32084

FEI Number: 20-5636143 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MULLENIX, DONALD G

367 W. BLACKJACK BRANCH WAY

JACKSONVILLE, FL 32259 US

MULLENIX, DONALD G

4015 LEWIS SPEEDWAY

ST. AUGUSTINE, FL 32084

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: 04/24/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: MULLENIX, DONALD G Name: MULLENIX, DONALD G Address: 367 W. BLACKJACK BRANCH WAY Address: 401.51 F.W.S.S.PFF.D.W.A.Y

Address: 367 W. BLACKJACK BRANCH WAY Address: 401 5 LEWIS SPEE DWAY
City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: ST::AUGUSTINE; FL 32 084

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: DONALD G. MULLENIX MGRM 04/24/2009