2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State
04-17-2007 90254 048 ****55.00

DOCUMENT # L06000115397

1. Entity Name
AAA SAFEWAY INSURANCE LLC DELETE

Principal Place of Business
3204 CORNFLOWER ROAD
LAKE PLACID FL 33852 DELETE

Mailing Address
3204 CORNFLOWER ROAD
LAKE PLACID FL 33852 DELETE

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2383 LINWOOD	2383 LINWOOD AVE
Suite, Apt. #, etc. #312	Suite, Apt. #, etc. #312
City & State Naples, FL.	City & State Naples, FL
Zip 34112 / Country COLLIER	Zip 34112 / Country Collier

4. FEI Number — Applied For / ✓ Not Applicable

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

6. Name and Address of Current Registered Agent
ORTIZ, ILONKA L
3204 CORNFLOWER ROAD
LAKE PLACID FL 33852 DELETE

7. Name and Address of New Registered Agent
Name: MICHAEL A. ANASTASIA
Street Address (P.O. Box Number is Not Acceptable): 2383 LINWOOD AVE #312
City: NAPLES FL Zip Code: 34112

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: MICHAEL A. ANASTASIA — April 8th 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	ORTIZ, ILONKA L	NAME	
STREET ADDRESS	3204 CORNFLOWER ROAD	STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ANASTASIA, MICHAEL A	NAME	
STREET ADDRESS	362 LAKE JUNE ROAD	STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	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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CITY-ST-ZIP		CITY-ST-ZIP	
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 Section 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: MICHAEL A. ANASTASIA 04/04/07 239-216-1126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #