2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2008
Secretary of State

DOCUMENT# L07000028777

Entity Name: SAFARI WILD, LLC

Current Principal Place of Business:

38650 MICKLER ROAD
DADE CITY, FL 33523

New Principal Place of Business:

Current Mailing Address:

38650 MICKLER ROAD
DADE CITY, FL 33523

New Mailing Address:

FEI Number: 20-8658130 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALISBURY, CHARLES A
38650 MICKLER ROAD
DADE CITY, FL 33523 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: SALISBURY, CHARLES A
Address: 38650 MICKLER ROAD
City-St-Zip: DADE CITY, FL 33523 US

Title: MGRM ( ) Change (X) Addition
Name: WEHRMANN, STEPHEN L DVM
Address: 1099 MARCO DRIVE
City-St-Zip: SAINT PETERSBURG, FL 33702 US

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: STEPHEN L WEHRMANN MGRM 02/21/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date