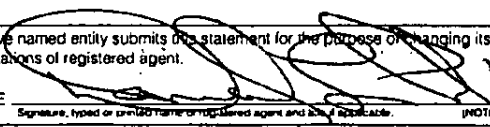
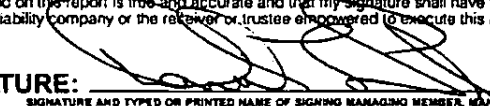


FILED
Mar 12, 2008 8:00 am
Secretary of State

02-11-2008 90134 006 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

2/1

DOCUMENT # L07000084535			
1. Entity Name SAFETY HARBOR CONSTRUCTION, LLC			
Principal Place of Business 975 HARBOR HILL DR. SAFETY HARBOR, FL 34695		Mailing Address PO BOX 791 SAFETY HARBOR, FL 34695	
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
4. FEI Number 42-1737560		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BAUMAN, J. ALEXANDER ESQ. 6640 34TH AVE. N. ST. PETERSBURG, FL 33710		7. Name and Address of New Registered Agent Name: DANIEL LEE PILON Street Address (P.O. Box Number is Not Acceptable) PO BOX 791 975 HARBOR HILL DRIVE City: SAFETY HARBOR, FL Zip Code: 34695	
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 State if applicable. (NOTE: Registered Agent signature required when registering)		Date Feb 8 2008	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM PILON, DANIEL L PO BOX 791 SAFETY HARBOR, FL 34695 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM THOMPSON, SHAWN PO BOX 791 SAFETY HARBOR, FL 34695 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Thompson, Shawn P ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Feb 8 2008 727 641-3506	