FILED
Mar 12, 2008 8:00 am
Secretary of State
02-11-2008 90134 006 ***138.75

2/1

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000084535

1. Entity Name
SAFETY HARBOR CONSTRUCTION, LLC

Principal Place of Business	Mailing Address
975 HARBOR HILL DR. SAFETY HARBOR, FL 34695	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

30001868

02082008 Chg-LLC CR2E083 (12/06)

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) ~~P.O. 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] Daniel L. Pilon Feb 8 2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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] Daniel L. Pilon Feb 8 2008 727 641-3506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #