

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000792

FILED  
Mar 03, 2004  
Secretary of State

Entity Name: SAFE FINANCIAL LLC

**Current Principal Place of Business:**

2440 CAMINO RAMON, SUITE 200  
SAN RAMON, CA 94583

**New Principal Place of Business:**

**Current Mailing Address:**

2440 CAMINO RAMON, SUITE 200  
SAN RAMON, CA 94583

**New Mailing Address:**

FEI Number: 06-1562077

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: BONGARTEN, KARL  
Address: 44 OLD RIDGEBURY RD.  
City-St-Zip: DANBURY, CT 06810

Title: MGR ( ) Delete  
Name: JACOBS, CHRISTOPHER  
Address: 401 MERRITT SEVEN, 2ND FLOOR  
City-St-Zip: NORWALK, CT 06856

Title: MGR ( ) Delete  
Name: BICKERSTAFF, DENNIS  
Address: 401 MERRITT SEVEN, 2ND FLOOR  
City-St-Zip: NORWALK, CT 06856

Title: MGR ( ) Delete  
Name: SARGENTI, PAUL F  
Address: 2440 CAMINO RAMON, SUITE 200  
City-St-Zip: SAN RAMON, CA 94583

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: JACOBS, CHRISTOPHER  
Address: 44 OLD RIDGEBURY RD.  
City-St-Zip: DANBURY, CT 06810

Title: MGR (X) Change ( ) Addition  
Name: TOM, FANELLI  
Address: 44 OLD RIDGEBURY RD.  
City-St-Zip: DANBURY, CT 06810

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PAUL F. SARGENTI

MR

03/03/2004

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