

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002535

FILED
Mar 03, 2009
Secretary of State

Entity Name: S.A.F.E. MANAGEMENT OF FLORIDA, LLC

Current Principal Place of Business:

ALLTEL STADIUM
ONE ALLTEL STADIUM PLACE
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

JACKSONVILLE MUNICIPAL STADIUM
ONE STADIUM PLACE
JACKSONVILLE, FL 32202 US

Current Mailing Address:

ALLTEL STADIUM
ONE ALLTEL STADIUM PLACE
JACKSONVILLE, FL 32202 US

New Mailing Address:

JACKSONVILLE MUNICIPAL STADIUM
ONE STADIUM PLACE
JACKSONVILLE, FL 32202 US

FEI Number: 71-0948755

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCINTYRE, JAMES C
ALLTEL STADIUM
ONE ALLTEL STADIUM PLACE
JACKSONVILLE, FL 32202 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: MGR () Delete
Name: MCINTYRE, JAMES C
Address: 1101 SOUTH RUSSEL STREET
City-St-Zip: BALTIMORE, MD 21230

Title: MGR () Delete
Name: VORMACK, DAVID C
Address: 2000 BRUSH STREET
City-St-Zip: DETROIT, MI 48226

ADDITIONS/CHANGES:

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

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

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: DAVID C VORMACK

MGR

03/03/2009

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