

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 29, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # M04000000431

1. Entity Name  
 LIFESAFER SERVICE PROVIDERS, LLC



Principal Place of Business  
 1908 HUDSON AVENUE  
 CINCINNATI, OH 45212

Mailing Address  
 1908 HUDSON AVENUE  
 CINCINNATI, OH 45212



08082005 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 31-1671455 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LYNCH, TERRY M  
 5842 COMMERCE ROAD  
 MILTON, FL 32583

**DO NOT WRITE IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE P  
 NAME FREUND, RICHARD  
 STREET ADDRESS 1908 HUDSON AVENUE  
 CITY-ST-ZIP CINCINNATI, OH 45212

TITLE  
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 CITY-ST-ZIP

08/29/05-80006-008 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8/24/05