



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 30, 2006 8:00 am
Secretary of State

06-30-2006 90059 022 ****55.00

DOCUMENT # M04000005459 1. Entity Name ROLSAFE INTERNATIONAL LLC					
Principal Place of Business 1660 NW PROFESSIONAL PLAZA, STE. C COLUMBUS, OH 43220				Mailing Address 1660 NW PROFESSIONAL PLAZA, STE. C COLUMBUS, OH 43220	
2. Principal Place of Business 5845 Corporation Circle		3. Mailing Address Po Box 51619			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Fort Myers FL		City & State Fort Myers FL			
Zip 33905	Country Lee	Zip 33994-1619	Country Lee		
4. FEI Number 20-1979974				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				05232006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent C T CORPORATION-SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KLISARES, BRET B 1660 NW PROFESSIONAL PLAZA, STE. C COLUMBUS, OH 43220	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / CEO Vernon (Rick) Collins 5845 Corporation Circle Fort Myers FL 32905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Vernon E. Collins</u> <u>26 May 06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					