

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000001713

FILED
Feb 24, 2009
Secretary of State

Entity Name: SAFE HARBOUR HOLDINGS, LLC

Current Principal Place of Business:

805 EXECUTIVE CENTER DR. W., SUITE 300
ST. PETERSBURG, FL 33702

New Principal Place of Business:

805 EXECUTIVE CENTER DRIVE WEST
SUITE 300
ST. PETERSBURG, FL 33702 US

Current Mailing Address:

805 EXECUTIVE CENTER DR. W., SUITE 300
ST. PETERSBURG, FL 33702

New Mailing Address:

805 EXECUTIVE CENTER DRIVE WEST
SUITE 300
ST. PETERSBURG, FL 33702 US

FEI Number: 20-4965163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILKEY, KEVIN R
805 EXECUTIVE CENTER DR. W., SUITE 300
ST. PETERSBURG, FL 33702 US

Name and Address of New Registered Agent:

MILKEY, KEVIN R
805 EXECUTIVE CENTER DRIVE WEST
SUITE 300
ST. PETERSBURG, FL 33702 US

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: KEVIN R. MILKEY

02/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ARX HOLDING CORP.,
Address: 805 EXECUTIVE CENTER DR. W., SUITE 300
City-St-Zip: ST. PETERSBURG, FL 33702

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ARX HOLDING CORP.,
Address: 805 EXECUTIVE CENTER DR. W., SUITE 300
City-St-Zip: ST. PETERSBURG, FL 33702 US

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: KEVIN R. MILKEY

EVP

02/24/2009

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