

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 APR -7 PM 2: 23

**FILING FEE \$ 188.75** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

**1 Name and Mailing Address of Limited Liability Company** **DOCUMENT # L98000001814**  
**SENSOR SYSTEMS, L.L.C.**  
~~2870 SCHERER DRIVE~~  
~~ST. PETERSBURG FL 33716~~

**1a. Principal Place of Business Address**  
~~2870 SCHERER DRIVE~~  
~~ST. PETERSBURG FL 33716~~

**2 Principal Place of Business** **2a. Mailing Address**  
*2800 ANNIL ST.* *2800 Annil St.*  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**City & State** **City & State**  
*St. Petersburg* *St. Petersburg*  
**Zip** **Country** **Zip** **Country**  
*33710* *Anellas* *33710* *Anellas*

**3. Date Organized or Qualified** **3a. State of Formation**  
*09/11/1998* *FL*  
**4. FEI Number**  Applied For  
*22-3605436*  Not Applicable  
**5. Date of Last Report** **6. Certificate of Status Desired**  
 \$875 Additional Fee Required

**7. Name and Address of Current Registered Agent**  
**ROIG, RICARDO A ESQ.**  
**201 N. FRANKLIN STREET, SUITE 2600**  
**TAMPA FL 33602**

**8. Name and Address of New Registered Agent/Office**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
*300002884083-1*  
Suite, Apt. #, etc. *04/09/98-01002-019*  
*\*\*\*188.75 \*\*\*188.75*  
City Zip Code  
**FL**

**9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(By the Registered Agent Accepting Appointment to the Office of Registered Agent, pursuant to the provisions of the Florida Statutes)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	PREIS, NANCY J	2870 SCHERER DRIVE	ST. PETERSBURG FL

**11 I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.**

**SIGNATURE:** *Nancy Preis Nancy Preis* *2-23-99* *347-2181*