

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A02000001708

1. Entity Name

A & M SECURITY, LTD.



FILED  
03 MAY -9 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

500 S. Florida Ave

3. Mailing Address

500 S. Florida Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

700

700

City & State

City & State

Lakeland FL

Lakeland FL

Zip

Zip

33801

33801

Country

Country

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number

92-0187010

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Adam Girth

Street Address (P.O. Box Number is Not Acceptable)

500 S. Florida Ave

Ste 800

City

Lakeland

FL

Zip Code

33801

**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

DATE

9. Capital Contributions  
as Shown on record.

- 0 -

10. Amount of Capital Contributions  
in FLORIDA to date.

- 0 -

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # 10200001716  
NAME Anchor Management LLC  
STREET ADDRESS 500 S. Florida Ave Ste 700  
CITY-ST-ZIP Lakeland FL 33801

STREET ADDRESS

CITY-ST-ZIP

200018686272

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STREET ADDRESS

CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE

*Kim S. Kelley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/03

Date

863-647-1581

Daytime Phone #

CR2E003B (12/02)