

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 FEB 26 AM 10: 04



1. Name of Limited Partnership

1a. DOCUMENT #  
**A31342**

**DIGITAL DETECTION SYSTEMS LIMITED**

Mailing Address

5800 CORPORATE WAY  
WEST PALM BEACH FL 33407

Principal Office Address

5800 CORPORATE WAY  
WEST PALM BEACH FL 33407

3. Date Formed or Registered

03/27/1991

5a. Capital Contributions as Shown on record.

\$0.00

3a. Date of Last Report

12/23/1996

5b. Amount of Capital Contributions in FLORIDA to date.

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

59-3056765

Applied For  
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

PERRY, RICHARD W.  
19890 WILKINSON LEAS ROAD  
TEQUESTA FL 33469

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

~~DIGITAL DETECTION CORP.~~  
Security Leasing Funding II,  
LLC

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

~~19890 WILKINSON LEAS~~  
712 N Second St

11b. City, State & Zip Code

~~TEQUESTA FL~~  
St Louis, MO

11c. Registration/Document Number

~~93999~~  
M980000191  
100002441541--5

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

*[Handwritten Signature]*

DATE

12/29/97

Typed or Printed Name of General Partner Signing Form

Security Leasing Funding II

Daytime Telephone Number

34-231-9020

CR2E003 (6/97)



THE UNITED STATES CORPORATION COMPANY

A31342

ACCOUNT NO. : 072100000032

REFERENCE : 698681 4218A

AUTHORIZATION : Patricia [signature]

COST LIMIT : \$ 165.00

ORDER DATE : February 9, 1998

\$ 150.00

ORDER TIME : 11:42 AM

ORDER NO. : 698681-030

CUSTOMER NO: 4218A

CUSTOMER: Judy Gonzalez, Legal Asst  
Peper Martin Jensen Maichel  
Twenty-fourth Floor  
720 Olive Street  
St. Louis, MO 63101

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
98 FEB 26 AM 10:04

ANNUAL REPORT FILING

NAME: DIGITAL DETECTION SYSTEMS LIMITED

[Handwritten signature]

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

98 FEB 25 PM 12:19  
DIVISION OF CORPORATIONS

CONTACT PERSON: Cindy Harris

EXAMINER'S INITIALS: \_\_\_\_\_