

2001 UNIFORM BUSINESS REPORT (UBR)

0008987 AF

DOCUMENT # A31342
 1. Entity Name
DIGITAL DETECTION SYSTEMS LIMITED

FILED
 BRANCH: _____ DEPT: _____
 01 APR 20 12:18:40
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 APPOINTED BY: _____

Principal Place of Business Mailing Address
5800 CORPORATE WAY WEST PALM BEACH FL 33407
5800 CORPORATE WAY WEST PALM BEACH FL 33407

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

DO NOT WRITE IN THIS SPACE
 4. FEI Number **59-3056765** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MOTZER, JOHN H
5800 CORPORATE WAY
WEST PALM BEACH FL 33407

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$3,666,289.00**
 10. Amount of Capital Contributions in FLORIDA to date.
 11. MAKE CHECK PAYABLE TO 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M98000000191	STREET ADDRESS	
NAME	SECURITY LEASING FUNDING II, LLC	CITY-ST-ZIP	300004162329--0
STREET ADDRESS	10 SOUTH BROADWAY, STE 1400		-05/02/01--01080--010
CITY-ST-ZIP	ST. LOUIS MO 63102		****526.25 ****526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Member 4/17/01 561-687-1910
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)