## 2009 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# B03000000246

Entity Name: SECURITY ALARM FINANCING ENTERPRISES, L.P.

FILED May 05, 2009 Secretary of State

| Current Principal Place of Business:  | New Principal Place of                  | New Principal Place of Business:                         |  |
|---|---|--|--|
| 2440 CAMINO RAMON<br>SUITE 200<br>SAN RAMON, CA 94583   |   |  |  |
| Current Mailing Address:  | New Mailing Address                     | :  |  |
| PO BOX 5164<br>SAN RAMON, CA 94583  |   |  |  |
| FEI Number: 94-3304818 FEI Number Applied For ( )<br>In accordance with s. 607.193(2)(b), F.S., the limited partner<br>Name and Address of Current Registered Agent | rship did not receive the prior notice. | Certificate of Status Desired ( )  New Registered Agent: |  |
| TATE, DAWN<br>3419 GALT OCEAN DR, STE A<br>FT. LAUDERDALE, FL 33308 US  |   |  |  |
| The above named entity submits this statement for t in the State of Florida.  | he purpose of changing its registered   | office or registered agent, or both,                     |  |
| SIGNATURE:  |   |  |  |
| Electronic Signature of Registered  | Agent                                   | Date   |  |
| GENERAL PARTNER INFORMATION:  | ADDRESS CHANGES ONLY                    | Y:   |  |
| Document #: F08000004172  |   |  |  |

Name: SECURITY ALARM FINANCING ENTERPRISES,INC.

 Address:
 2440 CAMINO RAMON STE. 200
 Address:

 City-St-Zip:
 SAN RAMON, CA 94583
 City-St-Zip:

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

SIGNATURE: PAUL F. SARGENTI PRES 05/05/2009