

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400020693894
06/03/03--01100--002 **2061.25



DOCUMENT # B95 0000000 19

1. Name of Limited Partnership
PC AFFORDABLE SECURIM, LTD.

2. Principal Office Address
2930 BANYAN BLVD CIR NW

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State
BOCA RATON, FL

City & State

Zip 33431 Country USA

Zip Country

8. Name and Address of Current Registered Agent

Name
SAFE & SOUND SECURITY, INC.

Street Address (P.O. Box Number is Not Acceptable)
2930 BANYAN BLVD CIR NW

Suite, Apt. #, Etc.

City
BOCA RATON

State FL Zip Code 33431

9. 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 10/24/02

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

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
SAFE & SOUND SECURITY, INC.	2930 BANYAN BLVD CIR	BOCA RATON, FL 33431	F95000000178

REINSTATEMENT 02-03-03
dce

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

11. 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 Julie Christ Gurley, Pres.

DATE 10/24/02

Typed or Printed Name of General Partner Signing Form Julie Christ Gurley, Pres. SAFE & SOUND Telephone Number 561/241-3018

CR2E039 (10/02)