

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90114 028 ****50.00

DOCUMENT # L00000009348					
1. Entity Name ABSOLUTE SECURITY: LOCK, SAFE, AND KEY, L.C.					
Principal Place of Business 1402 KUMQUAT LN JACKSONVILLE, FL 32259			Mailing Address 1402 KUMQUAT LN JACKSONVILLE, FL 32259		
2. Principal Place of Business		3. Mailing Address 6950 Phillips Hwy #7			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Jax Fla.		4. FEI Number 59-3656022	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 32216		Country		01142005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent WATKINS, WARREN E 5923 JAGUAR DR. W. JACKSONVILLE, FL 32244			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WATKINS, WARREN E 1402 KUMQUAT LN JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WATKINS, RAY G III 1402 KUMQUAT LN JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WATKINS, RAY G JR. 1402 KUMQUAT LN JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WATKINS, RAY G JR. 1402 KUMQUAT LN JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WATKINS, RAY G JR. 1402 KUMQUAT LN JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete			
11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>April Bell</i> <i>April Bell</i> <i>1/31/05</i> <i>904-387-5625</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					