2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Mar 15, 2007 8:00 am Secretary of State 03-15-2007 90132 017 ****50.00

3054226309 Daytime Phone #

DOCUMENT # L00000013186 1. Entity Name SECURITYDIRECTOR, L.L.C.								03-13-2007	J0132 0	17 30		
Principal Place 4800 PINETI SUITE 105 MIAMI BEACH	ree dr.		Mailing Address 1517 E HILLCREST ST ORLANDO, FL 32803			<u> </u>	(1 16 (1) (1 0(1) (1 0(1) (1 0(1) (III 1211 1111				
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03062007	Chg-LLC	CR2E	083 (12/06)		
City & State			City & State			4. FEI Numb			<u> </u>	plied For t Applicable		
Zip		Country	Zip				5. Certificate of Status Desired \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
SMALLEY, CRAIG W						Name						
1517 E HIL ORLANDO	LCREST	ST	Street Addres			dress (P.O. Box Numb	per is Not Acceptab	ile)			
•					City					Zip Code		
The above named entity submits this statement for the nurrose of changing its register.						TL /						
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.	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOTI	E: Registere	d Agent signature	e required	(when reinstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2007									ke check p la Departm	payable to nent of State	•	
9.		MANAGING MEMBER	RS/MANAGERS	10.				ADDITIONS	S/CHANGES	<u> </u>	- down	
TITLE	MGR		☐ Defete	ŦITLE			·			☐ Change	Addition	
NAME	MARINO,			NAM								
STREET ADDRESS CITY-ST-ZIP	PO BOX	190487 EACH FL 33119			ET ADDRESS -ST-ZIP							
TITLE	MGR	ACH, FE 33118 .		TITU						Choese	- Addition	
NAME	MGR Delete IIIIL PALUMBO, LOUIS F				I .					☐ Change	☐ Addition	
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·				ET ADDRESS							
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408											
TITLE			☐ Delete	THE	L L					Change	☐ Addition	
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CITY-ST-ZIP					-ST-ZIP							
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NAME				NAM	j.							
STREET ADDRESS CITY-ST-ZIP					ET ADORESS -ST-ZIP							
	Certify that th	ne information supplied with	this filling does not qualify to			ntained	in Chanter 119	Florida Statutes I	further certif	v that the infe	-	
11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.												