


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 05, 2004 8:00 am**  
**Secretary of State**

02-05-2004 90077 041 \*\*\*\*50.00

**DOCUMENT # L01000012272**

1. Entity Name  
**THE ALARM COMPANY LLC**



|  |  |
|--|--|
| Principal Place of Business<br>6529 EASTVIEW DR.<br>LANTANA, FL 33462 US | Mailing Address<br>6529 EASTVIEW DR.<br>LANTANA, FL 33462 US |
|--|--|

24008060



01192004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>65-1131372                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

STAMEY EDDINS, PATRICIA A  
 6529 EASTVIEW DR.  
 LANTANA, FL 33462

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_

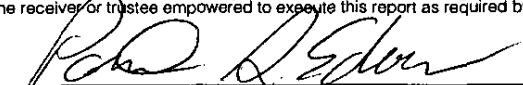
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2004**

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>STAMEY EDDINS, PATRICIA A<br>6529 EASTVIEW DR.<br>LAKE WORTH, FL 33462 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE IN THIS SPACE**

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:**  **1/20/04 5614363391**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #