


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000012272 1. Entity Name THE ALARM COMPANY LLC	
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Principal Place of Business 6529 EASTVIEW DR. LANTANA, FL 33462 US	Mailing Address 6529 EASTVIEW DR. LANTANA, FL 33462 US
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DO NOT WRITE IN THIS SPACE



04262006 No Chg-LLC CR2E083 (11/05)

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

6. Name and Address of Current Registered Agent

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

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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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

1100000546424  
05/11/06-80117-011 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STAMEY EDDINS, PATRICIA 6529 EASTVIEW DR. LANTANA, FL 33462
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11. I hereby certify that the information supplied with this filing 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

**SIGNATURE:**  **4/1/06** **5614363391**

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