2007 LIMITED LIABILITY COMPANY ANNUAL REPORT 4

FILED Feb 02, 2007 08:00 AN **Secretary of State** DOCUMENT # L01000012272 1. Entity Name THE ALARM COMPANY LLC Principal Place of Business Mailing Address 6529 EASTVIEW DR. 6529 EASTVIEW DR. LANTANA, FL 33462 - US LANTANA, FL 33462 US 01102007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1131372 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STAMEY EDDINS, PATRICIA A DO NOT WRITE 6529 EASTVIEW DR. LANTANA, FL 33462 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 Signature, typed or printed name of registered agent and like if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 9, MANAGING MEMBERS/MANAGERS MGRM TITLE STAMEY EDDINS, PATRICIA 6529 EASTVIEW DR. STREET ADDRESS LANTANA, FL 33462 City-St-Zip TITLE (1000000618758 02/08/07-80043-002 50.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE MAME STREET ADDRESS CSTY-ST-Z8P TITLE NAME STREET ADDRESS CITY-ST-70P TITLE

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 flability company or the report or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CRY-ST-ZIP

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

Date