

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002008

FILED  
Jun 11, 2004  
Secretary of State

**Entity Name:** R & R SECURITY SOLUTIONS, L.L.C.

**Current Principal Place of Business:**

300 CROWN OAK CENTER DRIVE  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

300 CROWN OAK CENTER DRIVE  
LONGWOOD, FL 32750

**New Mailing Address:**

**FEI Number:** 30-0030414

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WITTE, LARRY F  
201 S.E. 24TH AVENUE  
POMPANO BEACH, FL 33062 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGR ( ) Delete  
**Name:** FRY, RON  
**Address:** 300 WALNUT STREET, SUITE 200  
**City-St-Zip:** DES MOINES, IA 50309

**Title:** MGR ( ) Delete  
**Name:** JOHNSTON, JEAN E  
**Address:** 300 WALNUT STE 200  
**City-St-Zip:** DES MOINES, IA 50309

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** FRY, RON  
**Address:** 323 BELLINGRATH TERRACE  
**City-St-Zip:** DELAND, FL 32724

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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:** JEAN E. JOHNSTON

VP

06/11/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date