

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90408 047 \*\*\*\*55.00

**DOCUMENT # L02000002259**

1. Entity Name

LAW ENFORCEMENT IMAGING, LLC



Principal Place of Business

540 E MCNAB RD  
SUITE C  
POMPANO BEACH FL 33060

Mailing Address

540 E MCNAB RD  
SUITE C  
POMPANO BEACH FL 33060

64017001



MOORE CR2E083 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

80-0023423

Applied For

Not Applicable

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

RUMORE, C. ANTHONY ESQ  
540 E MCNAB RD  
SUITE C  
POMPANO BEACH FL 33060

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | MGRM                      | <input type="checkbox"/> Delete            |
| NAME           | PROJEKT BERATUNG GMBH LLC |  |
| STREET ADDRESS | 540 E MCNAB RD SUITE C    |  |
| CITY-ST-ZIP    | POMPANO BEACH FL 33060    |  |
| TITLE          | MGRM                      | <input checked="" type="checkbox"/> Delete |
| NAME           | WELLER, MARIE-LUISE       |  |
| STREET ADDRESS | SCHMIDTGASSE 5            |  |
| CITY-ST-ZIP    | 61348 BAD HOMBURG GERMANY |  |
| TITLE          | MGRM                      | <input checked="" type="checkbox"/> Delete |
| NAME           | WOERMANN, UDO WH          |  |
| STREET ADDRESS | SCHMIDTGASSE 5            |  |
| CITY-ST-ZIP    | 61348 BAD HOMBURG GERMANY |  |
| TITLE          |                           | <input type="checkbox"/> Delete            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> Delete            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> Delete            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |

10. ADDITIONS/CHANGES

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | MGRM                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Jonathan P. Schroeder   |  |
| STREET ADDRESS | 1230 N.E. 2nd Street    |  |
| CITY-ST-ZIP    | Pompano Beach, FL 33060 |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |

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

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

Date

Daytime Phone #

*George R. Schroeder* 4/16/04 4/06/04