


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000002259 1. Entity Name LAW ENFORCEMENT IMAGING, LLC	
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Principal Place of Business 540 E MCNAB RD SUITE C POMPAÑO BEACH, FL 33060	Mailing Address 540 E MCNAB RD SUITE C POMPAÑO BEACH, FL 33060
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01142005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0023423	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PROJEKT BERATUNG GMBH LLC 540 E MCNAB RD SUITE C POMPAÑO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCHROEDER, JONATHAN P 1230 N.E. 2ND STREET POMPAÑO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/01/05-80049-005 50.00

**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)(f), 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: George R. Alvarado

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

Date

Daytime Phone #

3/29/05 946-9080