


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2003 8:00 am
Secretary of State

04-28-2003 90082 001 ****50.00

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| DOCUMENT # L02000002259 |  |
| 1. Entity Name LAW ENFORCEMENT IMAGING, LLC | |

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|---|---|
| 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 |
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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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|---------------------------------|---------------------------------|
| City & State Zip Country | City & State Zip Country |
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| 4. FEI Number 80-0023423 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |



☐ CHECK HERE IF MAKING CHANGES

| | |
|--|---|
| 6. Name and Address of Current Registered Agent RUMORE, C. ANTHONY ESQ 540 E MCNAB RD SUITE C POMPANO BEACH FL 33060 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PROJEKT BERATUNG GMBH LLC 540 E MCNAB RD SUITE C POMPANO BEACH FL 33060 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WELLER, MARIE-LUISE SCHMIDTGASSE 5 61348 BAD HOMBURG GERMANY <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WOERMANN, UDO WH SCHMIDTGASSE 5 61348 BAD HOMBURG GERMANY <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: George R. Schroeder **George R. Schroeder, Mgr. Member 4/22/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)