

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92167 040 \*\*\*\*50.00

**30068761**

<b>DOCUMENT #</b> L02000017114 1. Entity Name <b>LEINDECKER SECURITY, LLC</b>
<b>DO NOT WRITE IN THIS SPACE</b>

2. Principal Place of Business <b>9291 NORTHLAKE PARKWAY</b> Suite, Apt. #, etc.	3. Mailing Address <b>9291 NORTHLAKE PARKWAY</b> Suite, Apt. #, etc.
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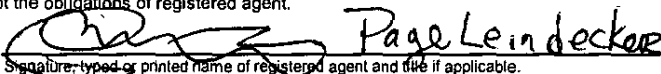
DO NOT WRITE IN THIS SPACE

City & State <b>ORLANDO, FL</b>	City & State <b>ORLANDO, FL</b>	4. FEI Number <b>04-3677692</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32827</b>	Country	Zip <b>32827</b>	Country
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
Name <b>PAGE A LEINDECKER</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>9291 NORTHLAKE PARKWAY</b>	
City <b>ORLANDO</b>	Zip Code <b>FL 32827</b>


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  **Page Leindecker** **4-28-03**  
DATE

<b>FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>DUE BY MAY 1</b>
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9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGMR LEINDECKER, PAGE A 9291 NORTHLAKE PARKWAY ORLANDO, FL 32827</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM LEINDECKER, TOMAS G 9291 NORTHLAKE PARKWAY ORLANDO, FL 32827</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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:  **Page Leindecker** **4-28-03** **407852-1131**  
Date Daytime Phone #

CR2E083B (12/02)