

**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

DOCUMENT # L02000017114
1. Entity Name LEINDECKER SECURITY, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9291 NORTHLAKE PARKWAY Suite, Apt. #, etc.	3. Mailing Address 9291 NORTHLAKE PARKWAY Suite, Apt. #, etc.
City & State ORLANDO, FL Zip 32827	City & State ORLANDO, FL Zip 32827

DO NOT WRITE IN THIS SPACE

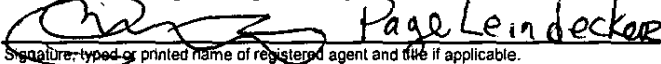
4. FEI Number 04-3677692	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name PAGE A LEINDECKER
Street Address (P.O. Box Number is Not Acceptable) 9291 NORTHLAKE PARKWAY
City ORLANDO
State FL
Zip Code 32827

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

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEINDECKER, PAGE A 9291 NORTHLAKE PARKWAY ORLANDO, FL 32827	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEINDECKER, TOMAS G 9291 NORTHLAKE PARKWAY ORLANDO, FL 32827	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #