



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L02000018733</b> 1. Entity Name <b>BIG STAR SECURITY AGENCY SERVICE, LLC</b>						<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">06 SEP -6 PM 5:14</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business <b>P.O. BOX 111 MONTICELLO, FL 32344</b>				Mailing Address <b>P.O. BOX 111 MONTICELLO, FL 32344</b>			
2. Principal Place of Business <b>BIG STAR SECURITY</b>		3. Mailing Address <b>1325 EAST MAHAN DR</b>					
Suite, Apt. #, etc. <b>TALLAHASSEE FL</b>		Suite, Apt. #, etc. <b>32308</b>					
City & State <b>LEON</b>		City & State <b>LEON</b>					
Zip <b>32308</b>		Country <b>LEON</b>		4. FEI Number <b>59-3514316</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				09062006 Chg-LLC CR2E083 (11/05)			
6. Name and Address of Current Registered Agent  <b>GLENN, RICHARD F 305 EAST GLENN RD MONTICELLO, FL 32344</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>Filing Fee is \$50.00 Due by September 15, 2006</b>				<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE <b>MGR</b> NAME <b>GLENN, STEVEN</b> <input type="checkbox"/> Delete STREET ADDRESS <b>305 EAST GLENN ROAD</b> CITY-ST-ZIP <b>MONTICELLO, FL 32344</b>				TITLE <b>MGR</b> NAME <b>GLENN, STEVEN</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <b>478 PINNEY WOODS RD</b> CITY-ST-ZIP <b>MONTICELLO, FL 32344</b>			
TITLE <b>CEO</b> NAME <b>GLENN RICHARD</b> <input type="checkbox"/> Delete STREET ADDRESS <b>305 EAST GLENN RD</b> CITY-ST-ZIP <b>MONTICELLO FL</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP			
TITLE <b>MGR</b> NAME <b>GLENN RICKEL</b> <input type="checkbox"/> Delete STREET ADDRESS <b>2950 ROBINSON FOREST RD</b> CITY-ST-ZIP <b>POWDER SPRINGS GA 30127</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete 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"/> Delete 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"/> Delete 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 exemptions contained in Chapter 119, 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: <b>Richard F. Glenn</b>				Date <b>9-6-2006</b>			