


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000018733 1. Entity Name BIG STAR SECURITY AGENCY SERVICE, LLC			<div style="font-size: 2em; font-weight: bold; margin-bottom: 5px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 5px;">06 SEP -6 PM 5:14</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>
Principal Place of Business P.O. BOX 111 MONTICELLO, FL 32344		Mailing Address P.O. BOX 111 MONTICELLO, FL 32344	
2. Principal Place of Business Big Star Security Suite, Apt. #, etc. 1325 EAST MAHAN DR City & State TALLAHASSEE FL Zip 32308		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country LEON	
4. FEI Number 59-3514316		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 GLENN, RICHARD F 305 EAST GLENN RD MONTICELLO, FL 32344		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by September 15, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME GLENN, STEVEN STREET ADDRESS 305 EAST GLENN ROAD CITY-ST-ZIP MONTICELLO, FL 32344	<input type="checkbox"/> Delete	TITLE MGR NAME GLENN, STEVEN STREET ADDRESS 478 PINNEY WOODS RD CITY-ST-ZIP MONTICELLO, FL 32344	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CEO NAME GLENN RICHARD STREET ADDRESS 305 EAST GLENN RD CITY-ST-ZIP MONTICELLO FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGR NAME GLENN RICKET STREET ADDRESS 2950 HICKSON FOREST RD CITY-ST-ZIP POWDER SPRINGS GA 30127	<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
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 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: Richard Glenn		Date: 9-6-2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	