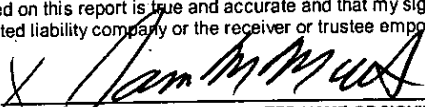


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90013 008 ****55.00

DOCUMENT # L02000.023594					
1. Entity Name HI-TECH SECURITY SOLUTIONS, L.L.C.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 261 GOOLSBY BLVD Suite, Apt. #, etc.			3. Mailing Address 261 GOOLSBY BLVD Suite, Apt. #, etc.		
City & State DEERFIELD BEACH, FL			City & State DEERFIELD BEACH, FL		
Zip 33442		Country USA		4. FEI Number	
				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					
DO NOT WRITE IN THIS SPACE					
7. Name and Address of Current Registered Agent					
Name NORDT, GREORY M					
Street Address (P.O. Box Number is Not Acceptable) 100 W CYPRESS CREEK ROAD, SUITE 700					
City FORT LAUDERDALE FL Zip Code 33309					
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: Signature, typed or printed name of registered agent and title if applicable.					DATE
RECEIVED		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	MGR JAMIE M MATT 261 GOOLSBY BLVD DEERFIELD BEACH, FL 33442				
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
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: 				3-7-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date	
				Daytime Phone # 954-725-3550	

CR2E083B (12/02)