


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90031 038 ****50.00

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| DOCUMENT # L03000002921 |  |
| 1. Entity Name ALERT ACCESS L.L.C. | |

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| Principal Place of Business 5951 NW 151 STREET, STE. 104 MIAMI LAKES, FL 33014 | Mailing Address 5951 NW 151 STREET, STE. 104 MIAMI LAKES, FL 33014 |
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14005563

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|---|---|
| 2. Principal Place of Business 132 NW 162 AVE | 3. Mailing Address 132 NW 162 AVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State DEMBROKE DINES, FL | City & State DEMBROKE DINES, FL |
| Zip 33028 | Country USA |
| Zip 33028 | Country USA |



04252005 Chg-LLC CR2E083 (10/03)

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|---|--|
| 4. FEI Number 46-0517161 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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|---|---|
| 6. Name and Address of Current Registered Agent COSTA, JORGE 5951 NW 151 STREET, STE. 104 MIAMI LAKES, FL 33014 | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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|---|--|
| Filing Fee is \$50.00 Due by May 1, 2005 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM COSTA, JORGE MGRM 5951 NW 151 ST. SUITE 104 MIAMI LAKES, FL 33014 | 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 |
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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: *J. O. Jesus Lopez* **MANAGER** **04-25-05** **205 725 9103**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #