

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Mar 09, 2006  
Secretary of State**

DOCUMENT# L03000011198

Entity Name: FALSE ALARM SOLUTIONS, LLC

**Current Principal Place of Business:**

8012 SW 5TH AVENUE  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

8012 SW 5TH AVENUE  
GAINESVILLE, FL 32607

**New Mailing Address:**

FEI Number: 41-2155800      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOORHOUSE, JOHN P  
8012 SW 5TH AVENUE  
GAINESVILLE, FL 32607      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MOORHOUSE, JOHN P  
Address: 8012 SW 5TH AV  
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM ( ) Delete  
Name: MOORHOUSE, SANDRA  
Address: 8012 SW 5TH AV  
City-St-Zip: GAINESVILLE, FL 32607

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SANDRA MOORHOUSE

MGRM

03/09/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date