2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2005
Secretary of State

DOCUMENT# L03000021086

Entity Name: AGRICULTURAL SECURITY CONTRACTORS, LLC

Current Principal Place of Business:

968 CLYDESDALE DRIVE
LOXAHATCHEE, FL 33470

New Principal Place of Business:

2449 N.W. 46TH AVE
OKEECHOBEE, FL 34972

Current Mailing Address:

968 CLYDESDALE DRIVE
LOXAHATCHEE, FL 33470

New Mailing Address:

2449 N.W. 46TH AVE
OKEECHOBEE, FL 34972

FEI Number: 56-2391524 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONATHAN J. LICHTMAN, P.A.
120 EAST PALMETTO PARK ROAD, SUITE 100
BOCA RATON, FL 33432 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/MEMBERS:

Title: MGR ( ) Delete
Name: LINES, RACHEL
Address: 968 CLYDESDALE DRIVE
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MGR ( ) Delete
Name: SHUMATE, PHYLLIS
Address: 17464 WEST SYCAMORE DRIVE
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LINES, RACHEL
Address: 8400 S.W. FOX BROWN RD
City-St-Zip: INDIANTOWN, FL 34956

Title: MGR (X) Change ( ) Addition
Name: SHUMATE, PHYLLIS
Address: 2449 N.W. 46TH AVE
City-St-Zip: OKEECHOBEE, FL 34972

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RACHEL J. LINES MGR 03/01/2005

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