

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90132 038 ****50.00

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DOCUMENT # L03000040511 1. Entity Name OWL DIGITAL SECURITY, L.L.C.			
Principal Place of Business 17701 BISCAYNE BLVD., 3RD FLOOR AVENTURA, FL 33160		Mailing Address 17701 BISCAYNE BLVD., 3RD FLOOR AVENTURA, FL 33160	
2. Principal Place of Business - No P.O. Box # 1930 Harrison Street Suite, Apt. #, etc. 404 City & State Holly wood FL Zip 33020 Country Broward		3. Mailing Address 1930 Harrison Street Suite, Apt. #, etc. 404 City & State Holly wood FL Zip 33020 Country Broward	
4. FEI Number 59-2414551		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 POSPISCHEL, GUSTAVO A 17701 BISCAYNE BLVD., 3RD FLOOR AVENTURA, FL 33160		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			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM NAME POSPISCHEL, GUSTAVO A STREET ADDRESS 17701 BISCAYNE BLVD., 3RD FLOOR CITY-ST-ZIP AVENTURA, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGRM NAME GIANGASPERO, JUAN P STREET ADDRESS 17701 BISCAYNE BLVD., 3RD FLOOR CITY-ST-ZIP AVENTURA, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGRM NAME KACHLER, ARIE STREET ADDRESS 17701 BISCAYNE BLVD., 3RD FLOOR CITY-ST-ZIP AVENTURA, FL 33160	<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:			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #