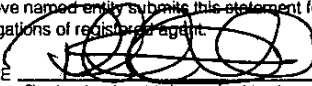


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 10, 2005 8:00 am
Secretary of State

08-10-2005 90047 027 ****50.00

DOCUMENT # L03000040573 1. Entity Name RDR SURVEILLANCE SYSTEMS LLC					
Principal Place of Business 2261 SW SALMON RD PORT ST LUCIE, FL 34953			Mailing Address 2261 SW SALMON RD PORT ST LUCIE, FL 34953		
2. Principal Place of Business 919 SE Bywood AVE		3. Mailing Address 919 SE Bywood AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Port St Lucie FLA		City & State Port St Lucie FLA		4. FEI Number NOT APPLICABLE	
Zip 34983		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORVINO, RALPH 2261 SW SALMON RD PORT ST LUCIE, FL 34953			7. Name and Address of New Registered Agent Name RALPH CORVINO Street Address (P.O. Box Number is Not Acceptable) 919 SE Bywood AVE City PORT ST LUCIE FL Zip Code 34983		
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  RALPH CORVINO MGR Signature, typed or printed name of registered agent and title if applicable.			DATE 8-8-05 (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORVINO, RALPH 2261 SW SALMON RD PORT ST LUCIE, FL 34953	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORVINO, ROY 2261 SW SALMON RD PORT ST LUCIE, FL 34953	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPAIDE, RYAN 2402 SW DALPINA RD. PORT ST. LUCIE, FL 34953	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALUMBO, DOMINIC 1985 SW NOTRE DAME RD. PORT ST. LUCIE, FL 34953	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  RALPH CORVINO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 8-8-05 Daytime Phone # 772-201-6571		

40000J40



08082005 Chg-LLC CR2E083 (10/03)