

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040573

FILED
May 17, 2006
Secretary of State

Entity Name: RDR SURVEILLANCE SYSTEMS LLC

Current Principal Place of Business:

919 SE BYWOOD AVE
PORT SAINT LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

919 SE BYWOOD AVE
PORT SAINT LUCIE, FL 34983

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORVINO, RALPH
919 SE BYWOOD AVE
PORT SAINT LUCIE, FL 34983 US

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: CORVINO, RALPH
Address: 919 SE BYWOOD AVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: MGR () Delete
Name: CORVINO, ROY
Address: 919 SE BYWOOD AVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: MGR () Delete
Name: SPAIDE, RYAN
Address: 2402 SW DALPINA RD.
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES:

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

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: RALPH CORVINO

MGR

05/17/2006

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