

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90217 036 ****50.00

DOCUMENT # L03000043811					
1. Entity Name SABRNET NETWORK SECURITY SYSTEMS, LLC					
Principal Place of Business 1220 E. PROSPECT AVE., STE. 202 MELBOURNE, FL 32901			Mailing Address 1220 E. PROSPECT AVE., STE. 202 MELBOURNE, FL 32901		
2. Principal Place of Business 1220 E. PROSPECT AVE Suite, Apt. #, etc. SUITE 281		3. Mailing Address 1220 E. PROSPECT AVE Suite, Apt. #, etc. SUITE 281		03302005 Chg-LLC CR2E083 (10/03)	
City & State MELBOURNE, FL		City & State MELBOURNE, FL		4. FEI Number 20-0407848	
Zip 32901		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDERSON, J. PATRICK 930 S. HARBOR CITY BLVD, STE. 505 MELBOURNE, FL 32901				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, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME BECERRAL, ROBERT F STREET ADDRESS 1220 E. PROSPECT AVE., STE. 202 CITY-ST-ZIP MELBOURNE, FL 32901	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME ANDERSON, DELWYN D STREET ADDRESS 1220 E. PROSPECT AVE., STE. 202 CITY-ST-ZIP MELBOURNE, FL 32901	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME BUFFINGTON, NED STREET ADDRESS 1220 E. PROSPECT AVE., STE. 202 CITY-ST-ZIP MELBOURNE, FL 32901	<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 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 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: <i>Delwyn D. Anderson</i>			30 march 2005 321-952-2127		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		