

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043811

FILED
Apr 06, 2007
Secretary of State

Entity Name: SABRNET NETWORK SECURITY SYSTEMS, LLC

Current Principal Place of Business:

1220 E. PROSPECT AVE.,
STE. 281
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

1220 E. PROSPECT AVE.,
STE. 281
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 20-0407848 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'BRIEN, JAMES M
1686 W HIBISCUS BLVD
MELBOURNE, FL 32901 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/MANAGERS:

Title: MGR () Delete
Name: BECERRAL, ROBERT F
Address: 1220 E. PROSPECT AVE., STE. 202
City-St-Zip: MELBOURNE, FL 32901

Title: MGR () Delete
Name: ANDERSON, DELWYN D
Address: 1220 E. PROSPECT AVE., STE. 202
City-St-Zip: MELBOURNE, FL 32901

Title: MGR () Delete
Name: BUFFINGTON, NED
Address: 1220 E. PROSPECT AVE., STE. 202
City-St-Zip: MELBOURNE, FL 32901

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: DELWYN D. ANDERSON

MGR

04/06/2007

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