

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044979

Entity Name: SECURITYNEXUS, L.L.C.

FILED  
Apr 19, 2006  
Secretary of State

**Current Principal Place of Business:**

1620 WILLARD ROAD NW  
PALM BAY, FL 32907

**New Principal Place of Business:**

**Current Mailing Address:**

1620 WILLARD ROAD NW  
PALM BAY, FL 32907

**New Mailing Address:**

FEI Number: 86-1086306

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILSON, CHRISTOPHER J  
1620 WILLARD ROAD NW  
PALM BAY, FL 32907 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: WILSON, CHRISTOPHER J  
Address: 1620 WILLARD ROAD, NW  
City-St-Zip: PALM BAY, FL 32907

Title: MGR ( ) Delete  
Name: CARMAN, PAUL MACGYVER  
Address: 1250 OLDE BAILEY LANE  
City-St-Zip: WEST MELBOURNE, FL 32904

**ADDITIONS/CHANGES:**

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: CHRISTOPHER J. WILSON

MGR

04/19/2006

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