2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# L04000001148

Entity Name: WESCOM INVESTIGATIONS, LLC

Current Principal Place of Business:

399 WEST CAMINO GARDENS BLVD
SUITE 303
BOCA RATON, FL 33432

New Principal Place of Business:

399 CAMINO GARDENS BLVD
SUITE 303
BOCA RATON, FL 33432

Current Mailing Address:

399 WEST CAMINO GARDENS BLVD
SUITE 303
BOCA RATON, FL 33432

New Mailing Address:

399 CAMINO GARDENS BLVD
SUITE 303
BOCA RATON, FL 33432

FEI Number: 20-0599631 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

OWEN, STEVEN G
399 WEST CAMINO GARDENS BLVD
SUITE 303
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

OWEN, STEVEN G
399 CAMINO GARDENS BLVD
SUITE 303
BOCA RATON, FL 33432 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: S.G.OWEN 01/04/2007

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: OWEN, STEVEN G
Address: 399 WEST CAMINO GARDENS BLVD, SUITE 303
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM ( ) Delete
Name: OWEN, ANITA L
Address: 399 CAMINO GARDENS BLVD, SUITE 303
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: OWEN, STEVEN G
Address: 399 CAMINO GARDENS BLVD, SUITE 303
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM (X) Change ( ) Addition
Name: OWEN, A L
Address: 399 CAMINO GARDENS BLVD, SUITE 303
City-St-Zip: BOCA RATON, FL 33432

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: S.G.OWEN PRES 01/04/2007

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