2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000002172

CERTIFIED SECURITY SYSTEMS OF SOUTH FLORIDA,

LLC

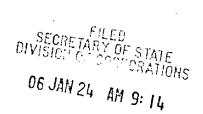
Principal Place of Business

2700 W CYPRESS CREEK RD

C100 FORT LAUDERDALE, FL 33309 Mailing Address

9456 PHILLIPS HWY, STE 7 JACKSONVILLE, FL 32256







01092006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0694046

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STONEBURNER, GRESHAM R

DÓ	NOT	WRITE
IN 1	ГНІЅ	SPACE

841 PRUDENTIAL DR, STE 1400 JACKSONVILLE, FL 32207		IN THIS SPACE	
	named entity submits this statement for the purpose of chai ions of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title it applicable.	(NOTE: Registered Agent signalure required when reinstating) DATE	
Fi D	ling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHERIDAN, JOHN 2700 W CYPRESS CREEK RD, C-100 FORT LAUDERDALE, FL 33309		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HASSAN, JOE 9456 PHILLIPS HWY, #7 JACKSONVILLE, FL 32256	300065098603 02/02/0601036024 **116.6	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY=ST-ZIP			
TITLE NAMC STREET ADDRESS CITY-ST-ZIP			

11. I hereby pertity that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 trystee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

904 680 3728

Daytime Phone #