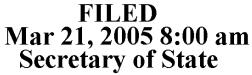
2005 LIMITED LIABILITY COMPANY ANNUAL REPORT



1. Entity Name SOUTHERN HOME WATCH SERVICES LLC Principal Place of Business Mailing Address 10410 \$ OCEAN DRIVE #506 ENSEN BEACH, FL 34957 US 2. Principal Place of Business Suite, Apt. #, etc. 2. Principal Place of Business PO BOX 6175 Suite, Apt. #, etc. 101052005 Chg. LLC CR2E083 (10/03) City & State City & State City & State Country 2. Principal Place of Business PO BOX 6175 Suite, Apt. #, etc. 101052005 Chg. LLC CR2E083 (10/03) Applied For Not Applicable City & State Country 3. Principal Place of Business Suite, Apt. #, etc. 101052005 Chg. LLC CR2E083 (10/03) Applied For Not Applicable To Not Applicable 5. Certificate of Status Desired Fee Required Fee Required TREVETHAN, CHRISTINE H 10410 \$ OCEAN DRIVE #506 JENSEN BEACH, FL 34957 City Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address of Plorida. I am familiar with, and accept the obligations of registered agent.
10410 S OCEAN DRIVE #506 JENSEN BEACH, FL 34957 US 2. Principal Place of Business 3. Mailing Address PO BOX 6175 Suite, Apt. #, etc. City & State City & State Country 3. Y 957 Country 3. Y 957 Suite, Apt. #, etc. Country 3. Country 5. Certificate of Status Desired 5. Certificate of Status Desir
#506 IENSEN BEACH, FL 34957 US #506 IENSEN BEACH, FL 34957 US 2. Principal Place of Business 3. Mailing Address PO BOX 6175 Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 101052005 Chg-LLC CR2E083 (10/03) City & State 7. Not Applicable 7. Name and Address of New Registered Agent TREVETHAN, CHRISTINE H 10410 S OCEAN DRIVE #506 JENSEN BEACH, FL 34957 City Street Address (P.O. Box Number is Not Acceptable) 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE
ENSEN BEACH, FL 34957 US ENSEN BEACH, FL 34957 US Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State TENSEN BEACH TENSEN BEACH TO BOX 6 175 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State TENSEN BEACH TENSEN BEACH TENSEN BEACH TREVETHAN, CHRISTINE H 10410 S OCEAN DRIVE #506 JENSEN BEACH, FL 34957 City Street Address (P.O. Box Number is Not Acceptable) City Street Address of registered agent. City Street Address of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country 3 4 57 ST LUCIE Country 5. Certificate of Status Desired Fee Required Fee Required Fee Required Fee Required TREVETHAN, CHRISTINE H 10410 S OCEAN DRIVE #506 JENSEN BEACH, FL 34957 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
Suite, Apt. #, etc. Suite, Apt. #, etc. O1052005 Chg-LLC CR2E083 (10/03)
Tension Tens
Zip 3 4957 ST LUCIE 5. Certificate of Status Desired Status Desired Required Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TREVETHAN, CHRISTINE H 10410 S OCEAN DRIVE Street Address (P.O. Box Number is Not Acceptable) #506 JENSEN BEACH, FL 34957 City FL Zip Code 8. The above named entity submits thigh-statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
TREVETHAN, CHRISTINE H 10410 S OCEAN DRIVE #506 JENSEN BEACH, FL 34957 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.
TREVETHAN, CHRISTINE H 10410 S OCEAN DRIVE #506 JENSEN BEACH, FL 34957 City FL Zip Code 8. The above named entity submits thig statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
#506 JENSEN BEACH, FL 34957 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.
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.
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.
the obligations of registered agent.
SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
The state of the s
Filing Fee is \$50.00 Make check payable to Due by May 1, 2005 Florida Department of State
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES
TITLE 'MGR Delete TITLE Change Addition NAME TREVETHAN, CHRISTINE H NAME
STREET ADDRESS 10410 S OCEAN DRIVE #506 STREET ADDRESS
CITY-ST-ZIP JENSEN BEACH, FL 34957 CITY-ST-ZIP
TITLE MGR Delete TITLE Change Addition NAME TREVETHAN, BERNARD L NAME
STREET ADDRESS 10410 S OCEAN DR #506 STREET ADDRESS
CITY-ST-ZIP JENSEN BEACH, FL 34957 CITY-ST-ZIP
TITLE Delete TITLE Change Addition
NAME
CITY-ST-ZIP CITY-ST-ZIP
TITLE Change Addition
NAME NAME STREET ADDRESS STREET ADDRESS
CITY-ST-ZIP CITY-ST-ZIP
TITLE Delete TITLE Change Addition
NAME STREET ADDRESS STREET ADDRESS
CITY-ST-ZIP CITY-ST-ZIP
TITLE Delete TITLE Change Addition
NAME NAME STREET ADDRESS STREET ADDRESS
CITY-ST-ZIP CITY-ST-ZIP
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 path; 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.

Marcel / 5, 2005 772 229-8814

MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Dayline Prone #