

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008367

FILED
Sep 16, 2005
Secretary of State

Entity Name: ACE DIGITAL SURVEILLANCE SYSTEMS, LLC

Current Principal Place of Business:

250 S RONALD REAGAN BLVD., STE. 110
LONGWOOD, FL 32750

New Principal Place of Business:

380 ORANGE LANE
UNIT D
CASSELBERRY, FL 32707

Current Mailing Address:

250 S RONALD REAGAN BLVD., STE. 110
LONGWOOD, FL 32750

New Mailing Address:

380 ORANGE LANE
UNIT D
CASSELBERRY, FL 32707

FEI Number: 20-0073940 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SANDHAUS, BARRY
410 SWEET BAY DRIVE
LONGWOOD, FL 32779 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SANDHAUS, BARRY
Address: 410 SWEET BAY DRIVE
City-St-Zip: LONGWOOD, FL 32779 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: SANDHAUS, CRAIG
Address: 410 SWEET BAY DRIVE
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BARRY SANDHAUS

MGRM

09/16/2005

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