



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90203 039 \*\*\*\*55.00

<b>DOCUMENT # L04000011166</b>					
<b>1. Entity Name</b> NATIONAL SECURITY SOURCE LLC					
<b>Principal Place of Business</b> 4362 NORTHLAKE BLVD SUITE 207 PALM BEACH GARDENS, FL 33410			<b>Mailing Address</b> 4362 NORTHLAKE BLVD SUITE 207 PALM BEACH GARDENS, FL 33410		
60013412					
					
<b>2. Principal Place of Business</b> 4362 NORTHLAKE BLVD Suite, Apt. #, etc. SUITE 207 City & State PALM BEACH GARDENS FL Zip 33410 Country US		<b>3. Mailing Address</b> 4362 NORTHLAKE BLVD Suite, Apt. #, etc. SUITE 207 City & State PALM BEACH GARDENS, FL Zip 33410 Country US			
<b>4. FEI Number</b> 02212006 Chg-LLC CR2E083 (11/05) 20-0718452				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b> GUASTINI, GLEN 4362 NORTHLAKE BLVD SUITE 207 PALM BEACH GARDENS, FL 33410			<b>7. Name and Address of New Registered Agent</b> Name GUASTINI, GLEN Street Address (P.O. Box Number is Not Acceptable) 4362 NORTHLAKE BLVD, SUITE 207 City PALM BEACH GARDENS FL Zip Code 33410		
<b>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.</b> SIGNATURE <u>Glen Guastini</u> <u>GLEN GUASTINI, PRESIDENT</u> <u>3/01/06</u> <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete GUASTINI, GLEN P 4360 NORTHLAKE BLVD S-100 PALM BEACH GARDENS, FL 33410				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>10. ADDITIONS/CHANGES</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GUASTINI, GLEN P. 4362 NORTHLAKE BLVD, SUITE 207 PALM BEACH GARDENS, FL 33410				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>11. I hereby certify that the information supplied with this filing 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE:</b> <u>Glen Guastini</u> <u>GLEN GUASTINI, PRESIDENT</u> <u>3/01/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					