

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087889

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: SECUREIT LLC

## Current Principal Place of Business:

8770 SOMERSET DRIVE  
BLDG B, SUITE 100  
LARGO, FL 33773 US

## New Principal Place of Business:

## Current Mailing Address:

8770 SOMERSET DRIVE  
BLDG B, SUITE 100  
LARGO, FL 33773 US

## New Mailing Address:

FEI Number: 20-2105581

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DELANO, G. KRISTIN  
360 CENTRAL AVENUE  
1560  
ST. PETERSBURG, FL 33701 US

## Name and Address of New Registered Agent:

DELANO, G. KRISTIN  
360 CENTRAL AVE, STE 1560  
ST. PETERSBURG, FL 33701 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:

04/26/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: NICKEL, NILE L  
Address: 8770 SOMERSET DRIVE, BLDG B, SUITE 100  
City-St-Zip: LARGO, FL 33773 US

Title: MGR ( ) Delete  
Name: DELANO, G. KRISTIN  
Address: 360 CENTRAL AVENUE, STE 1560  
City-St-Zip: ST PETERSBURG, FL 33701 US

Title: MGR ( ) Delete  
Name: MENKE, ROBERT M  
Address: 360 CENTRAL AVENUE, STE 1000  
City-St-Zip: ST PETERSBURG, FL 33701

Title: MGR ( ) Delete  
Name: IRWIN, JEAN F  
Address: 333 3RD AVENUE N., STE 400  
City-St-Zip: ST PETERSBURG, FL 33701 US

Title: MGR ( ) Delete  
Name: FINDEISON, WILLIAM F  
Address: 102 8TH STREET EAST  
City-St-Zip: TIERRA VERDE, FL 33715 US

Title: MGR ( ) Delete  
Name: KEEFER, BRIAN L  
Address: 360 CENTRAL AVENUE, SUITE 1000  
City-St-Zip: ST PETERSBURG, FL 33701 US

## ADDITIONS/CHANGES:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: NILE NICKEL

MGR

04/26/2007

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