

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090284

Entity Name: RAILSECURE LLC

FILED
Jun 16, 2005
Secretary of State

Current Principal Place of Business:

3471 NORTH FEDERAL HIGHWAY
SUITE 506
FT. LAUDERDALE, FL 33306 US

Current Mailing Address:

3471 NORTH FEDERAL HIGHWAY
SUITE 506
FT. LAUDERDALE, FL 33306 US

New Principal Place of Business:

3471 NORTH FEDERAL HIGHWAY
SUITE 500
FT. LAUDERDALE, FL 33306 US

New Mailing Address:

3471 NORTH FEDERAL HIGHWAY
SUITE 500
FT. LAUDERDALE, FL 33306 US

FEI Number: 52-3796517 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:

SEASECURE LLC
3471 NORTH FEDERAL HIGHWAY
SUITE 506
FT. LAUDERDALE, FL 33306 US

Name and Address of New Registered Agent:

SEASECURE LLC
3471 NORTH FEDERAL HIGHWAY
SUITE 500
FT. LAUDERDALE, FL 33306 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: JOHN BANNER

06/16/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: PETERSEN, KIM E MR
Address: 3471 N. FEDERAL HIGHWAY, STE 500
City-St-Zip: FORT LAUDERDALE, FL 33306 US

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: KIM E. PETERSEN

MGR

06/16/2005

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