

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90008 039 \*\*\*\*50.00

|                                                                           |                                                                                   |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L04000091221</b>                                            |  |
| 1. Entity Name<br><b>ALLIED PROTECTION SERVICES OF DAYTONA BEACH, LLC</b> |                                                                                   |

|                                                                                           |                                                                               |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Principal Place of Business<br><b>1301 BELVILEE ROAD, #14<br/>DAYTONA BEACH, FL 32119</b> | Mailing Address<br><b>1301 BELVILEE ROAD, #14<br/>DAYTONA BEACH, FL 32119</b> |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|

**20037212**



|                                                       |                                                                         |
|-------------------------------------------------------|-------------------------------------------------------------------------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>1301 Beville Rd #14</b><br>Suite, Apt. #, etc. |
|-------------------------------------------------------|-------------------------------------------------------------------------|

02212005 Chg-LLC CR2E083 (10/03)

|                                          |                                    |                                                                                                 |
|------------------------------------------|------------------------------------|-------------------------------------------------------------------------------------------------|
| City & State<br><b>DAYTONA BEACH, FL</b> | 4. FEI Number<br><b>65-0399920</b> | Applied For<br><input type="checkbox"/> Not Applicable                                          |
| Zip<br><b>32119</b>                      | Country                            | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |

|                                                                                                                                    |  |
|------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>LEVINE, STEPHEN<br/>2651 PARK WINDSOR DV., #208<br/>FORT MYERS, FL 33901</b> |  |
|------------------------------------------------------------------------------------------------------------------------------------|--|

|                                                    |          |
|----------------------------------------------------|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name                                               |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City                                               |          |
| <b>FL</b>                                          | 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                       |                                                                                                                         | 10. ADDITIONS/CHANGES                              |                                                                   |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>MGR<br/>LEVINE, STEPHEN<br/>2651 PARK WINDSOR DV., #208<br/>FORT MYERS, FL 33901</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Stephen M. Levine* **Stephen M. Levine** 3/22/05 239-278-0000