


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-06-2006 90199 027 \*\*\*\*50.00

<b>DOCUMENT # L04000091229</b>	
1. Entity Name <b>ALLIED PROTECTION SERVICES OF ORLANDO, LLC</b>	

Principal Place of Business <b>7040 LAKE ELLENOR DRIVE, #112 ORLANDO, FL 32809</b>	Mailing Address <b>7040 LAKE ELLENOR DRIVE, #112 ORLANDO, FL 32809</b>
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2. Principal Place of Business <b>7200 LAKE ELLENOR DR</b>	3. Mailing Address <b>P.O. BOX 7259</b>
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Suite, Apt. #, etc. <b>#112</b>	Suite, Apt. #, etc.
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City & State <b>ORLANDO FL</b>	City & State <b>FT. MYERS, FL</b>
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Zip <b>32809</b>	Country	Zip <b>33911-7259</b>	Country
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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<b>LEVINE, STEPHEN</b> <b>2651 PARK WINDSOR DV., #208</b> <b>FORT MYERS, FL 33901</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVINE, STEPHEN 2651 PARK WINDSOR DV., #208 FORT MYERS, FL 33901 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

**SIGNATURE:** Stephen M. Levine **2/28/06** **239-278-0000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #