## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000013290

Entity Name: I-SECURITY, LLC

FILED Apr 07, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

18851 NE 29TH AVENUE, STE 900 18851 NE 29TH AVENUE AVENTURA, FL 33180

SUITE 900

AVENTURA, FL 33180

**Current Mailing Address: New Mailing Address:** 

18851 NE 29TH AVENUE, STE 900 18851 NE 29TH AVENUE AVENTURA, FL 33180 SUITE 900

ROTH, LEONARDO A ESQ.

18851 NE 29TH AVENUE

AVENTURA, FL 33180

FEI Number Applied For ( )

FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROTH, LEONARDO A ESQ C/O ROTH, ROUSSO, KATSMAN & SCHNEIDER, LLP

18851 NE 29TH AVENUE, STE 900

FEI Number: 20-2312575

STE 900 AVENTURA, FL 33180 ÚS AVENTURA, FL 33180 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: LEONARDO ROTH, ESQ. 04/07/2006

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: () Change () Addition () Delete

RINALDI, ANDREA Name: Name: Address: 18851 NE 29TH AVENUE, STE 900 Address: City-St-Zip: AVENTURA, FL 33180 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

Name: DORF, GUSTAVO Name: Address: 18851 NE 29TH AVENUE, STE 900 Address: City-St-Zip: AVENTURA, FL 33180 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GUSTAVO DORF 04/07/2006