

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029047

FILED
Feb 15, 2006
Secretary of State

Entity Name: SECURITY PARTNERS, LLC

Current Principal Place of Business:

2130 MISSION DRIVE
NAPLES, FL 34109 US

New Principal Place of Business:

2431 PINEWOODS CIRCLE
NAPLES, FL 34105 US

Current Mailing Address:

2130 MISSION DRIVE
NAPLES, FL 34109 US

New Mailing Address:

2431 PINEWOODS CIRCLE
NAPLES, FL 34105 US

FEI Number: 20-2584288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES R. NICI, C/O COX & NICI
1185 IMMOKALEE ROAD
SUITE 110
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SANTOMIERI, DAVID M
Address: 2130 MISSION DRIVE
City-St-Zip: NAPLES, FL 34109 US

Title: MGR () Delete
Name: CATALANO, RALPH M
Address: 478 NW FETTER BUSH
City-St-Zip: JENSEN BEACH, FL 34957 US

ADDITIONS/CHANGES:

Title: MGRP (X) Change () Addition
Name: SANTOMIERI, DAVID M
Address: 2431 PINEWOODS CIRCLE
City-St-Zip: NAPLES, FL 34105 US

Title: MGRV (X) Change () Addition
Name: CATALANO, RALPH M
Address: 478 NW FETTER BUSH
City-St-Zip: JENSEN BEACH, FL 34957 US

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: RALPH M. CATALANO

MGRV

02/15/2006

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