


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90315 042 \*\*\*\*50.00

<b>DOCUMENT # L05000029353</b>	
1. Entity Name <b>AMERICAN SECURITY ENFORCEMENT, LLC</b>	

Principal Place of Business <b>3839 NORTH MONROE STREET, SUITE 9 TALLAHASSEE, FL 32303</b>	Mailing Address <b>P O BOX 180159 TALLAHASSEE, FL 32318</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04242007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<del>WATERS, WILLIAM R JR</del> <del>700 NORTH MONROE STREET</del> <del>TALLAHASSEE, FL 32303</del>		Name <b>Brunhilde Fannin</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>3839 North Monroe Street, Suite 9</b>	
		City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32303</b>	

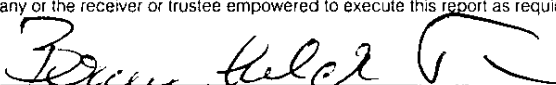
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Brunhilde Fannin, MGRM** DATE **4/24/07**

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FANNIN, BRUNHILDE 3839 NORTH MONROE STREET, SUITE 9 TALLAHASSEE, FL 32303</b> <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:  DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

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