

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90017 029 *****50.00

DOCUMENT # L05000046239					
1. Entity Name SMART SECURITY SYSTEMS, L.L.C.					
Principal Place of Business 444 SEABREEZE BOULEVARD STE 1001 DAYTONA BEACH, FL 32118			Mailing Address 444 SEABREEZE BOULEVARD STE 1001 DAYTONA BEACH, FL 32118		
2. Principal Place of Business Dr. 301 NORTH PINE MEADOW Suite, Apt. #, etc. #F			3. Mailing Address 402 SOFT SHADOW LANE Suite, Apt. #, etc.		
City & State DEBARY, FLORIDA		City & State DEBARY, FLORIDA		4. FEI Number 56-2563488	
Zip 32713		Country VOLUSIA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ASADOLLAH, RAMIN 444 SEABREEZE BOULEVARD STE 1001 DAYTONA BEACH, FL 32118			7. Name and Address of New Registered Agent Name Sherry Salem Street Address (P.O. Box Number is Not Acceptable) 402 SOFT SHADOW LANE City DEBARY FL Zip Code 32713		
8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>X Sherry Salem</u> April 16/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASADOLLAH, RAMIN 444 SEABREEZE BOULEVARD STE 1001 DAYTONA BEACH, FL 32118		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALEM, SHERRY 402 SOFT SHADOW LANE DEBARY, FL, 32713	
	<input checked="" type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 605, Florida Statutes.					
SIGNATURE: <u>X Sherry Salem</u>			Date <u>April 16/06</u> 386-473-2043		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Daytime Phone #</small>		