

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000080694

FILED  
Jul 10, 2006  
Secretary of State

**Entity Name:** MPS ALARM SERVICES FLORIDA LLC

**Current Principal Place of Business:**

930 18TH AVENUE SW  
VERO BEACH, FL 32962 US

**New Principal Place of Business:**

**Current Mailing Address:**

8144 MADISON AVENUE  
INDIANAPOLIS, IN 46227 US

**New Mailing Address:**

3205 E. THOMPSON ROAD  
INDIANAPOLIS, IN 46227 US

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

MYERS, DAVID L MR.  
930 18TH AVENUE SW  
VERO BEACH, FL 32962 US

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

MYERS, DAVID L MR.  
3205 E. THOMPSON ROAD  
INDIANAPOLIS, FL 46227 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: DAVID L. MYERS

07/10/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MPS ALARM SERVICES., LLC  
Address: 8144 MADISON AVENUE  
City-St-Zip: INDIANAPOLIS, IN 46227 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MPS ALARM SERVICES., LLC  
Address: 3205 E. THOMPSON ROAD  
City-St-Zip: INDIANAPOLIS, IN 46227 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: DAVID L. MYERS

MGR

07/10/2006

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