


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90033 023 \*\*\*\*55.00

DOCUMENT # L05000093761			
1. Entity Name CODE 3 RESPONSE LLC			
Principal Place of Business 820 S. 10TH STREET LANTANA, FL 33462		Mailing Address 4823 W. ATLANTIC AVENUE DALRAY BEACH, FL 33445	
2. Principal Place of Business <i>4823 W. Atlantic Ave.</i>		3. Mailing Address <i>4823 W. Atlantic Ave.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Dalray Beach, FL</i>		City & State <i>Dalray Beach, FL</i>	
Zip <i>33445</i>		Zip <i>33445</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number <i>20-3513591</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  PERRY, LEROY 820 S. 10TH STREET LANTANA, FL 33462		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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: <i>Leroy Perry</i>		DATE: <i>4-6-06</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
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	MGR PERRY, LEROY 820 S. 10TH STREET LANTANA, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <i>Leroy Perry</i>		DATE: <i>4-6-06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # <i>561-865-0011</i>	