

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103605

FILED
Aug 21, 2006
Secretary of State

Entity Name: NIGHTHAWK PROTECTIVE SERVICES, L.L.C.

Current Principal Place of Business:

6320 MARINER SANDS DRIVE
STUART, FL 34997

New Principal Place of Business:

201 SW PORT ST. LUCIE BLVD.,
#103
PORT ST. LUCIE,, FL 34984

Current Mailing Address:

3511 LOST NATION ROAD, SUITE 102A
WILLOUGHBY, OH 44094 US

New Mailing Address:

201 SW PORT ST. LUCIE.,
#103
PORT ST. LUCIE,, FL 34984 US

FEI Number: 20-3757994 FEI Number Applied For () 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:

PESCHO, JAMES
6320 MARINER SANDS DRIVE
STUART, FL 34997 US

Name and Address of New Registered Agent:

PESCHO, JAMES E
2265 SE GENOA ST
PORT ST LUCIE,, FL 34952 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: JAMES E PESCHO

08/21/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PESCHO, JAMES
Address: 6320 MARINER SANDS DRIVE
City-St-Zip: STUART, FL 34997 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PESCHO, JAMES E
Address: 201 SW PORT ST. LUCIE BLVD., #103
City-St-Zip: PORT ST. LUCIE,, FL 34984 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: JAMES E PESCHO

PRES

08/21/2006

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