2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State
02-22-2006 90128 001 ***200.00

3000Z576

DOCUMENT # L05000122262

1. Entity Name
FUTURE CONNECTIONS MONITORING SERVICES, LLC

Principal Place of Business	Mailing Address
1777 NW 79 AVENUE MIAMI, FL 33126	1777 NW 79 AVENUE MIAMI, FL 33126
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02142006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3988354 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ORSHAN, ROBERT 150 ALHAMBRA CIRCLE 1150 CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 ______________________ DATE
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 FUTURE CONNECTIONS HOLDING, LLC 1777 NW 79 AVENUE MIAMI, FL 33126 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 608, Florida Statutes.

SIGNATURE: ______________________ 2/16/06 305-690-0293
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

ATTACHMENT
30002576
#L05000122262

Bill Payment Stub

Check Date:	2/15/2006
Check No.:	5236
Check Amount:	200.00

Future Connections, LLC
1777 N.W. 79th Avenue
Miami, FL 33126

Paid To: Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

Date	Type	Reference	Original Amt.	Balance	Discount	Payment
2/1/2006	Bill	L05000122262 - 2006	50.00	50.00		50.00
2/1/2006	Bill	L05000122256 - 2006	50.00	50.00		50.00
2/1/2006	Bill	L05000122253 - 2006	50.00	50.00		50.00
2/1/2006	Bill	L05000122255 - 2006	50.00	50.00		50.00

Check Amount 200.00