

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000054595

FILED
Mar 13, 2008
Secretary of State

Entity Name: DATABASE SECURITY SYSTEMS, L.L.C.

Current Principal Place of Business:

3615 COLD CREEK DRIVE
VALRICO, FL 33594

New Principal Place of Business:

3615 COLD CREEK DRIVE
VALRICO, FL 33596

Current Mailing Address:

3615 COLD CREEK DRIVE
VALRICO, FL 33594

New Mailing Address:

3615 COLD CREEK DRIVE
VALRICO, FL 33596

FEI Number: 51-0580521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATTS, SUZAN M
3615 COLD CREEK DRIVE
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

WATTS, SUZAN M
3615 COLD CREEK DRIVE
VALRICO, FL 33596 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:

03/13/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WATTS, SUZAN M
Address: 3615 COLD CREEK DRIVE
City-St-Zip: VALRICO, FL 33594

Title: MGRM () Delete
Name: WATTS, TIMOTHY L
Address: 3615 COLD CREEK DRIVE
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WATTS, SUZAN M
Address: 3615 COLD CREEK DRIVE
City-St-Zip: VALRICO, FL 33596

Title: MGRM (X) Change () Addition
Name: WATTS, TIMOTHY L
Address: 3615 COLD CREEK DRIVE
City-St-Zip: VALRICO, FL 33596

I hereby certify that the information supplied with this filing does not qualify 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: SUZAN WATTS

MMBR

03/13/2008

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