

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057872

FILED
Jan 11, 2007
Secretary of State

Entity Name: DELTA FIRE PROTECTION, LLC

Current Principal Place of Business:

111 TECH DRIVE
SANFORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

111 TECH DRIVE
SANFORD, FL 32771 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONTGOMERY, CHARLES W
111 TECH DRIVE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MONTGOMERY, RYAN
Address: 111 TECH DRIVE
City-St-Zip: SANFORD, FL 32771 US

Title: MGR () Delete
Name: MONTGOMERY, ADAM
Address: 111 TECH DRIVE
City-St-Zip: SANFORD, FL 32771 US

Title: MGR () Delete
Name: MONTGOMERY, CHARLES W
Address: 111 TECH DRIVE
City-St-Zip: SANFORD, FL 32771 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TASHAUNA WILSON

MS.

01/11/2007

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