

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000081338

FILED  
Apr 24, 2007  
Secretary of State

**Entity Name:** PRIME LAW ENFORCEMENT SERVICES, LLC

**Current Principal Place of Business:**

7731 ANDERSON ROAD  
TAMPA, FL 33634

**New Principal Place of Business:**

5402 WEST LAUREL STREET  
SUITE 210  
TAMPA, FL 33607

**Current Mailing Address:**

7731 ANDERSON ROAD  
TAMPA, FL 33634

**New Mailing Address:**

5402 WEST LAUREL STREET  
SUITE 210  
TAMPA, FL 33607

**FEI Number:** 20-4908526

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AMERICAN INFORMATION SERVICES, INC.  
401 E. JACKSON STREET, SUITE 1700  
TAMPA, FL 33602 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: CHANDLER, R. KEITH  
Address: 5402 WEST LAUREL STREET, SUITE 210  
City-St-Zip: TAMPA, FL 33607

Title: MGR ( ) Change (X) Addition  
Name: HUSSEIN, METIN  
Address: 5402 WEST LAUREL STREET, SUITE 210  
City-St-Zip: TAMPA, FL 33602

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: R. KEITH CHANDLER

MGR

04/24/2007

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