2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2009
Secretary of State

DOCUMENT# L08000012208

Entity Name: CERTIFIED SECURITY PARTNERSHIP, LLC

Current Principal Place of Business:

24638 STATE ROAD 54
LUTZ, FL, 33559

New Principal Place of Business:

24638 STATE ROAD 54
LUTZ, FL 33559 US

Current Mailing Address:

24638 STATE ROAD 54
LUTZ, FL 33559 US

New Mailing Address:

FEI Number: 26-1884019 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VANSPRONSEN, P. A
24638 STATE ROAD 54
LUTZ, FL 33559 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: MGR ( ) Delete
Name: VANSPRONSEN, P. A
Address: 24638 STATE ROAD 54
City-St-Zip: LUTZ, FL 33559 US

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

ADDITIONS/CHANGES:

Title: MDIR (X) Change ( ) Addition
Name: VANSPRONSEN, P. A
Address: 24638 STATE ROAD 54
City-St-Zip: LUTZ, FL 33559 US

Title: DIR ( ) Change (X) Addition
Name: ADAMS, BRADLEY A
Address: 24638 STATE ROAD 54
City-St-Zip: LUTZ, FL 33559 US

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: PA VANSPRONSEN MDIR 01/18/2009

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