

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000038739

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: PORTABLE ALARM TECHNOLOGIES,LLC

## Current Principal Place of Business:

1839 LANE AVE. S, BLDG.100  
STE. 108  
JACKSONVILLE, FL 32210

## New Principal Place of Business:

## Current Mailing Address:

1839 LANE AVE. S, BLDG.100  
STE. 108  
JACKSONVILLE, FL 32210

## New Mailing Address:

FEI Number: 26-3536646

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WARNER, TIMOTHY J  
6055 TRAWICK RD.  
KEYSTONE HEIGHTS, FL 32656 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: WARNER, TIMOTHY J  
Address: 6055 TRAWICK RD.  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: MGRM ( ) Delete  
Name: WARNER, MONIQUE  
Address: 6055 TRAWICK RD.  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: MGRM ( ) Delete  
Name: CHAPPELL, DAVID L JR.  
Address: 10142 OLD PLANK RD.  
City-St-Zip: JACKSONVILLE, FL 32220

Title: MGRM ( ) Delete  
Name: COHEN, EDGAR C  
Address: 5732 JONES CREEK RD.  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: MGRM ( ) Delete  
Name: SAMS, MARK A  
Address: 3804 SWEETBRIAR DR.  
City-St-Zip: ORANGE PARK, FL 32073

## 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:

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 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: TIMOTHY J.WARNER

MGR

04/14/2009

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