

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002699

FILED
Apr 25, 2006
Secretary of State

Entity Name: GULF COAST SECURITY AND SOUND, L.C.

Current Principal Place of Business:

209 STATE STREET
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

209 STATE STREET
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 59-3543203

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FONTES, DAVID A
209 STATE STREET
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

ROSS, PHILIP C
209 STATE STREET
OLDSMAR, FL 34677 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: PHILIP C. ROSS

04/25/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: UNITED MED INVESTMEN, TS, INC.
Address: 209 STATE STREET
City-St-Zip: OLDSMAR, FL 34677

Title: MGRM () Delete
Name: GULF COAST MEDICAL,, INC.
Address: 209 STATE STREET
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ARJ MEDICAL, INC.,
Address: 209 STATE STREET
City-St-Zip: OLDSMAR, FL 34677

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: PHILIP C. ROSS

MGRM

04/25/2006

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