
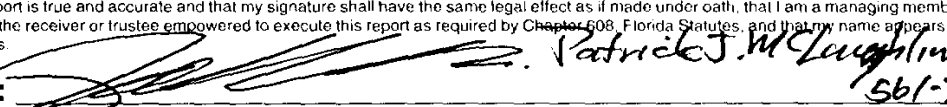


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  99 MAR -5 AM 9:52  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company  <b>DOCUMENT # L98000002806</b>  SECURE CONSTRUCTION SYSTEMS, L.C. 399 S.W. 14TH PLACE BOCA RATON FL 33432-7178		1a. Principal Place of Business Address  399 S.W. 14TH PLACE BOCA RATON FL 33432			
2. Principal Place of Business <i>Same</i>		2a. Mailing Address <i>Same</i>		3. Date Organized or Qualified 11/16/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation FL	
City & State		City & State		4. FEI Number 65-0880653	
Zip		Country		5. Date of Last Report	
Zip		Country		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent  BOOKSTEIN, MERRILL A P.A. 4800 N. FEDERAL HIGHWAY, SUITE 201B BOCA RATON FL 33431			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. J 00002803241 City -03/11/99--01113--021 ****188.75 <b>FL</b>		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when changing agent)</small>			DATE _____		
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	MCLAUGHLIN, PATRICK J	399 S.W. 14TH PLACE		BOCA RATON FL	
MGRM	STONE, JON I	399 S.W. 14TH PLACE		BOCA RATON FL	
AL MAR 10 1999					
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: 					
561-368-4472					