2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2007
Secretary of State

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Entity Name: LAFAYETTE SECURITY, LLC

Current Principal Place of Business:

9051 GULF SHORE DRIVE
THE BEACHMORE #1003
NAPLESL, FL 34108

New Principal Place of Business:

9051 GULF SHORE DRIVE
THE BEACHMORE #1003
NAPLES, FL 34108

Current Mailing Address:

C/O JOSEPH A TARTA
125 CABLE RD
RYE, NH 03870

New Mailing Address:

FEI Number: 59-3581888 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TARTA, JOSEPH A
9051 GULF SHORE DRIVE
THE BEACHMORE # 1003
NAPLES, FL 34108 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: TARTA, JOSEPH
Address: 9051 GULFSHORE DRIVE, THE BEACHMORE #1003
City-St-Zip: NAPLES, FL 34103

Title: MGRM ( ) Delete
Name: TARTA, PAULA R
Address: 9051 GULF SHORE DRIVE,THE BEACHMORE 3 1003
City-St-Zip: NAPLES, FL 43108

Title: MGRM ( ) Delete
Name: TARTA, KATHRYN S
Address: 9051 GULF SHORE DRIVE, THE EACHMORE # 1003
City-St-Zip: NAPLES, FL 43108

Title: MGRM ( ) Delete
Name: TARTA, MARGARET M
Address: 9051 GULF SHORE DRIVE, THE BEACHMORE # 100
City-St-Zip: NAPLES, FL 43108

Title: MGRM ( ) Delete
Name: TARTA, ELIZABETH J
Address: 9051 GULF SHORE DRIVE, THE BEACHMORE#1003
City-St-Zip: NAPLES, FL 43108

Title: MGRM ( ) Delete
Name: TARTA, SUZANNE A
Address: 9051 GULF SHORE DRIVE, THE BEACHMORE #1003
City-St-Zip: NAPLES, FL 43108

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:

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: JOSEPH A TARTA DR. 01/12/2007

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