2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M00000000569

1. Entity Name

SECURITY SERVICES OF AMERICA, LLC



Principal Place of Business

5285 HWY 70 W

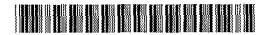
MOREHEAD CITY, NC 28557

Mailing Address

5285 HWY 70

MOREHEAD CITY, NC 28557

FILED Mar 19, 2004 08:00 AM Secretary of State



03082004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number Applied For S6-2181095 Not Applied For Not Applied For Schriftigen Status Desired S5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JURNEY, KENT 550 NW 42ND AVENUE, SUITE 207 MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char ions of registered agent.	oging its registered office or registered agent, or both	h, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typod or printed name of registered agent and title it applicable	(NOTE: Registered Agent signalure required when reinstating)	DATE
	iling Fee is \$50.00 ue by May 1, 2004		000000092822 03/19/04-80024-011 50 m
9.	MANAGING MEMBERS/MANAGERS		
name Street address Chy-St-Dp	MGR STEVENS, JAMES C 5285 HWY 70 MOREHEAD CITY, NC 28557		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEATHERL, MICHAEL D 5285 HWY 70 MOREHEAD CITY, NC 28557		
TIFLE NAME STREET ADDRESS GITY-ST-ZIP	MGR GILES, EERIK 3060 PEACHTREE RD NW, SUITE 780 ATLANTA, GA 30305	DO	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARDSON, JOHN S 3060 PEACHTREE RD NW, SUITE 780 ATLANTA, GA 30305	IN '	
TITLE			

11. I 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 report is true and accurate and that in, 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 impowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/9/04

252-808-3185

Daytime Phone #