


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M00000000569 1. Entity Name SECURITY SERVICES OF AMERICA, LLC	
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Principal Place of Business 5285 HWY 70 W MOREHEAD CITY, NC 28557	Mailing Address 5285 HWY 70 MOREHEAD CITY, NC 28557
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DO NOT WRITE IN THIS SPACE



03082004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 56-2181095	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 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**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**


U000000092822
03/19/04-80024-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GILES, EERIK 3060 PEACHTREE RD NW, SUITE 780 ATLANTA, GA 30305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARDSON, JOHN S 3060 PEACHTREE RD NW, SUITE 780 ATLANTA, GA 30305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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.

SIGNATURE:  **3/9/04** **252-808-3185**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #