


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 21, 2006 08:00 AM
Secretary of State

DOCUMENT # M03000000595 1. Entity Name ALLIED SECURITY LLC	
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Principal Place of Business 3606 HORIZON DR. KING OF PRUSSIA, PA 19406	Mailing Address 3606 HORIZON DR. KING OF PRUSSIA, PA 19406
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DO NOT WRITE IN THIS SPACE



07282006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 30-0158237	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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

**Filing Fee is \$50.00
Due by September 6, 2006**

000000574912
08/22/06-80002-016 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPECTAGUARD ACQUISITION LLC 3606 HORIZON DR. KING OF PRUSSIA, PA 19406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITMORE, WILLIAM C 3606 HORIZON DRIVE KING OF PRUSSIA, PA 19406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TORZOLINI, WILLIAM A 3606 HORIZON DRIVE KING OF PRUSSIA, PA 19406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARCLMAN, DONALD O 35 C 62ND STREET NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLOTKIN, TODD 35 C 62ND STREET NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERGER, AL J 35 C 62ND STREET NEW YORK, NY 10022

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____