2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M04000001607

1. Entity Name

ARMOR HOLDINGS FORENSICS, L.L.C.



Principal Place of Business

13386 INTERNATIONAL PKWY JACKSONVILLE, FL 32218

Mailing Address

13386 INTERNATIONAL PKWY JACKSONVILLE, FL 32218



06 MAR -2 PM 2:40

SECRETARY OF STATE TALLAHASSEE, FLORIDA





02202006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3678749

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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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.

Signature, typed or printed name of registered agent and little if applicable

(NQTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	SCHILLER, ROBERT R
STREET ADDRESS	13386 INTERNATIONAL PARKWAY
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	P
NAME	O'BRIEN, SCOTT
STREET ADDRESS	13386 INTERNATIONAL PKWY
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	VPT
NAME	WILLIAMS, MARK
STREET ADDRESS	13386 INTERNATIONAL PARKWAY
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	S
NAME	KATZ, GLENN
STREET ADDRESS	13386 INTERNATIONAL PARKWAY
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	VP
NAME	SEIDEL, JAMES
STREET ADDRESS	13386 INTERNATIONAL PARKWAY
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	VPAS
NAME	BARATELLI, PHIL
STREET ADDRESS	13386 INTERNATIONAL PARKWAY
CITY-ST-ZIP	JACKSONVILLE, FL 32218

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11. I hereby certify that the information supplied with this filling 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:

Vice President/Assistant Secretary 02/21/2006

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

Date

Daytime Phone #