

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000835

FILED  
Jan 08, 2008  
Secretary of State

Entity Name: SATELLITE TRACKING OF PEOPLE LLC

**Current Principal Place of Business:**

1212 N POST OAK RD #100  
HOUSTON, TX 77055 US

**New Principal Place of Business:**

**Current Mailing Address:**

1212 N POST OAK RD #100  
HOUSTON, TX 77055 US

**New Mailing Address:**

FEI Number: 20-2023473

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: LOGAN, STEVEN W  
Address: 1212 N POST OAK RD #100  
City-St-Zip: HOUSTON, TX 77055 US

Title: C ( ) Delete  
Name: BERGERON, BRIAN E  
Address: 1212 N POST OAK RD #100  
City-St-Zip: HOUSTON, TX 77055

**ADDITIONS/CHANGES:**

Title: CEO (X) Change ( ) Addition  
Name: LOGAN, STEVEN W  
Address: 1212 N POST OAK RD #100  
City-St-Zip: HOUSTON, TX 77055 US

Title: COO (X) Change ( ) Addition  
Name: BERGERON, BRIAN E  
Address: 1212 N POST OAK RD #100  
City-St-Zip: HOUSTON, TX 77055

I hereby certify that the information supplied with this filing does not qualify 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: STEVEN W. LOGAN

CEO

01/08/2008

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