

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001148

Entity Name: GLOBAL SECURITY PARTNERS, LLC

FILED  
Apr 14, 2009  
Secretary of State

**Current Principal Place of Business:**

2328 PACIFIC AVE  
FOREST GROVE, OR 97116

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 219  
FOREST GROVE, OR 97116

**New Mailing Address:**

FEI Number: 56-2439417      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: MGRM ( ) Delete  
Name: WILBUR, BRIAN  
Address: 2328 PACIFIC AVE  
City-St-Zip: FOREST GROVE, OR 97116

Title: MGRM ( ) Delete  
Name: SMITH, DELFORD  
Address: 3850 THREE MILE LANE  
City-St-Zip: MCMINNVILLE, OR 97128

Title: MGRM ( ) Delete  
Name: KIRKLAND, KRISTEN  
Address: 19215 SE 34TH ST SUITE 106  
City-St-Zip: CAMAS, WA 98607

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BRIAN D WILBUR

MGRM

04/14/2009

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