

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90063 019 ****55.00

DOCUMENT # M05000001418

1. Entity Name
ALARM CAPITAL ALLIANCE II, L.L.C.



Principal Place of Business
**219 BULLENS LANE
WOODLYN, PA 19094**

Mailing Address
**219 BULLENS LANE
WOODLYN, PA 19094**

20001032



2. Principal Place of Business

1400 N. Providence Rd

3. Mailing Address

1400 N. Providence Rd

Suite, Apt. #, etc.

Bldg 2, Suite 3000

Suite, Apt. #, etc.

Bldg 2, Suite 3000

01052006

Chg-LLC

CR2E083 (11/05)

City & State

Media

City & State

Media

4. FEI Number

91-2130273

Applied For

Not Applicable

Zip

PA

Country

19063

Zip

PA

Country

19063

5. Certificate of Status Desired ☒

\$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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME KOTHARI, AMY
STREET ADDRESS 219 BULLENS LANE
CITY-ST-ZIP WOODLYN, PA 19094

TITLE MGR ☐ Delete
NAME BRUSH, DENNIS
STREET ADDRESS 219 BULLENS LANE
CITY-ST-ZIP WOODLYN, PA 19094

TITLE MGR ☐ Delete
NAME LEVINE, BILL
STREET ADDRESS 219 BULLENS LANE
CITY-ST-ZIP WOODLYN, PA 19094

TITLE MGR ☐ Delete
NAME SHEAR, BILL
STREET ADDRESS 219 BULLENS LANE
CITY-ST-ZIP WOODLYN, PA 19094

TITLE MGR ☐ Delete
NAME STEFFANATO, JOHN
STREET ADDRESS 219 BULLENS LANE
CITY-ST-ZIP WOODLYN, PA 19094

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1400 N. Providence Rd.**
CITY-ST-ZIP **Media, PA 19063**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1400 N. Providence Rd**
CITY-ST-ZIP **Media, PA 19063**

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/12/2006

Date

610872-4800

Daytime Phone #