2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 07, 2007
Secretary of State

DOCUMENT# M05000001418

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

Current Principal Place of Business:

1400 N. PROVIDENCE RD
BLDG 2 SUITE 3000
MEDIA, PA 19063

New Principal Place of Business:

Current Mailing Address:

1400 N. PROVIDENCE RD
BLDG 2 SUITE 3000
MEDIA, PA 19063

New Mailing Address:

FEI Number: 91-2130273 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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:	KOTHARI, AMY	
Address:	1400 N. PROVIDENCE RD.	
City-St-Zip:	MEDIA, PA 19063	
Title:	MGR	( ) Delete
Name:	BRUSH, DENNIS	
Address:	1400 N. PROVIDENCE RD.	
City-St-Zip:	MEDIA, PA 19063	
Title:	MGR	( ) Delete
Name:	LEVINE, BILL	
Address:	1400 N. PROVIDENCE RD	
City-St-Zip:	MEDIA, PA 19063	
Title:	MGR	( ) Delete
Name:	SHEAR, BILL	
Address:	1400 N. PROVIDENCE RD.	
City-St-Zip:	MEDIA, PA 19063	
Title:	MGR	( ) Delete
Name:	STEFFANATO, JOHN	
Address:	1400 N. PROVIDENCE RD	
City-St-Zip:	MEDIA, PA 19063	

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:	
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: AMY KOTHARI MGR 06/07/2007

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