


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # M07000006804 1. Entity Name SECURITY NETWORKS ACCEPTANCE LLC	
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Principal Place of Business 3223 COMMERCE PLACE, SUITE 101 WEST PALM BEACH, FL 33407	Mailing Address 3223 COMMERCE PLACE, SUITE 101 WEST PALM BEACH, FL 33407
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DO NOT WRITE IN THIS SPACE



01232008No Chg-LLC CR2E083 (12/07)

4. FEI Number 26-1399183	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SECURITY NETWORK LLC  
 3223 COMMERCE PLACE, SUITE 101  
 WEST PALM BEACH, FL 33407

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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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

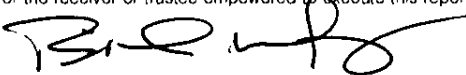
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERRY, RICHARD 3223 COMMERCE PLACE, SUITE 101 WEST PALM BEACH, FL 33407
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U00000811129  
 02/11/08-80014-010 138.75

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:  1/29/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #