2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000001332

Entity Name: AMERICAN SECURITY & INVESTIGATIONS, L.L.C.

FILED Apr 17, 2009 Secretary of State

Current Principal Place of Business:			N	New Principal Place of Business:		
	/ERSITY AVE WI MN 55104	EST				
Current Mailing Address:			New Mailing Address:			
	/ERSITY AVE WI MN 55104	EST				
FEI Number: 04-3700153 FEI Number Applied For ()		FEI Number Not Applicable () Certificate of Status Desired ()				
Name and	d Address of Cu	rrent Registered Agent:	N	lame and	d Address of New Registered Agent:	
1200 SOU	PORATION SYST ITH PINE ISLAND ION, FL 33324					
	e named entity su e of Florida.	bmits this statement for the p	ourpose of o	changing i	its registered office or registered agent, or both,	
SIGNATU	RE:					
	Electronic	Signature of Registered Age	ent		Date	
MANAGING	MEMBERS/MANAG	ERS:	A	DDITIONS/	/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () D MINGO, GUY 1717 UNIVERSIT ST PAUL, MN 55	AVE WEST	N A	itle: lame: ddress: city-St-Zip:	MGR (X) Change () Addition MINGO, GUY 380 ST PETER STREET, SUITE 760 ST PAUL, MN 55102	
Title: Name: Address: City-St-Zip:	MGR () D KLEIN, STEVEN 1717 UNIVERSIT ST PAUL, MN 55	/ AVE WEST	N A	itle: lame: ddress: city-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MGR () D MCCARTHY, DAN 1717 UNIVERSIT' ST PAUL, MN 55	IEL G ⁄ AVE WEST	۸ A	itle: lame: ddress: city-St-Zip:	MGR (X) Change () Addition MCCARTHY, DANIEL G 380 ST PETER STREET, SUITE 760 ST PAUL, MN 55102	
Title: Name: Address: City-St-Zip:	MGR () D FLOM, CRAIG 10350 BREN ROA MINNETONKA, MI	ND WEST	N A	itle: lame: ddress: city-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MGR () D MORANTZ, SITA 1717 UNIVERSITY ST PAUL, MN 55	AVE WEST	N A	itle: lame: ddress: city-St-Zip:	MGR (X) Change () Addition MORANTZ, SITA 380 ST PETER STREET, SUITE 760 ST PAUL, MN 55102	
Title: Name: Address: City-St-Zip:	MGR (X) D MARSDEN, MARY 1717 UNIVERSITY ST PAUL, MN 55	, / AVE WEST	N A	itle: lame: ddress: city-St-Zip:	()Change ()Addition	

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: DANIEL G MCCARTHY MGR 04/17/2009