

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M95000000235

FILED
Oct 22, 2004
Secretary of State

Entity Name: THE MONITORING COMPANY LLC, L.C.

Current Principal Place of Business:

1312 GARFIELD
LARAMIE, WY 82070

New Principal Place of Business:

221 EAST LINCOLN AVE
FORT COLLINS, CO 80524

Current Mailing Address:

P.O. BOX 907
LARAMIE, WY 82070

New Mailing Address:

221 EAST LINCOLN AVE
FORT COLLINS, CO 80524

FEI Number: 83-0310693 **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:

NRAI SERVICES, INC.
526 E PARK AVE
TALLAHASSEE, FL 32301 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/MEMBERS:

Title: MGR () Delete
Name: MCKEE, CHRISTOPHER
Address: 517 S. 13TH STREET
City-St-Zip: LARAMIE, WY 82070

Title: MGR () Delete
Name: MCKEE, CRAIG
Address: 3439 GOLDEN CURRANT BLVD
City-St-Zip: FORT COLLINS, CO 80521

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MCKEE, CHRISTOPHER
Address: 221 EAST LINCOLN AVE
City-St-Zip: FORT COLLINS, CO 80524

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SANDRA RODARMEL

CFO

10/22/2004

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