


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED WL 7/14 99 JUL -1 AM 8:08 SECRETARY OF STATE TALLAHASSEE FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company ELAN HOME SYSTEMS, L.L.C. 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		DOCUMENT # M98000000596		1a. Principal Place of Business Address 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address 2428 Palumbo Drive Suite, Apt. #, etc. City & State Lexington, KY Zip 40501		3. Date Organized or Qualified 06/09/1998 4. FEI Number 61-1287629 5. Date of Last Report	
Country		Country		3a. State of Formation KY <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		8. Name and Address of New Registered Agent/Office Name CT Corporation Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	MONTGOMERY, M. MEAD	560 GREEN BAY ROAD, SUITE		WINNETKA IL	
MGR	FARINELLI, ROBERT P	2428 PALUMBO DRIVE		LEXINGTON KY	
MGR	SHELTON, DAVID R	560 GREEN BAY ROAD, SUITE		WINNETKA IL	
MGR	STARKEY, PAUL E	2428 PALUMBO DRIVE		LEXINGTON KY	
MGR	TURNER, H. ALVAN	560 GREEN BAY ROAD, SUITE		WINNETKA IL	
				500002936955--5 -07/20/99--01095--011 ****188.75 ****188.75	

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attached page, with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/1/99

Date

606-214-7760

Daytime Phone #