


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # M99000001789 1. Entity Name ELECTRONIC TRACKING SYSTEMS, L.L.C.	
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Principal Place of Business 2545 TARPLEY RD. CARROLLTON, TX 75006	Mailing Address 2545 TARPLEY RD. CARROLLTON, TX 75006
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DO NOT WRITE IN THIS SPACE



01242005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 75-2844563	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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

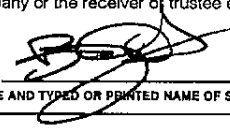
**Filing Fee is \$50.00
Due by May 1, 2005**

1100000224311
02/10/05-80080-018 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GERGEN, JON 2545 TARPLEY RD. CARROLLTON, TX 75006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP VAN CLEAVE, JAMES 2545 TARPLEY RD. CARROLLTON, TX 75006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO KENT, BARBARA 2545 TARPLEY RD. CARROLLTON, TX 75006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. I 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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/25/05 419 574-2000
Date Daytime Phone #