
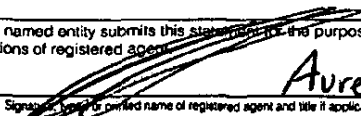
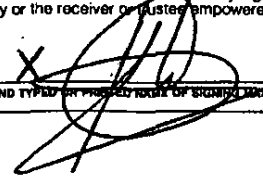


02-23-2004 90346 027 ****55.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000023890			
1. Entity Name SECCO RAP, LLC			
Principal Place of Business 1320 SOUTH DIXIE HWY., STE. 280 CORAL GABLES, FL 33146		Mailing Address 1320 SOUTH DIXIE HWY., STE. 280 CORAL GABLES, FL 33146	
2. Principal Place of Business 780 NW 42 Ave Suite, Apt. #, etc. #516		3. Mailing Address 780 NW 42 Ave Suite, Apt. #, etc. #516	
City & State Miami FL		City & State Miami FL	
Zip 33126 Country		Zip 33126 Country	
4. FEL Number 54-2077999		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DE VARONA, RAUL J 1320 SOUTH DIXIE HWY., STE. 280 CORAL GABLES, FL 33146		7. Name and Address of New Registered Agent Name Aurelio A. Piedra CPA Street Address (P.O. Box Number is Not Acceptable) 780 NW 42 Ave #516 City Miami FL Zip Code 33126	
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 		DATE 2/11/04	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEFORTUNA, WALTER 1320 SOUTH DIXIE HWY., STE. 280 CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAMBERGHINI, JUAN ALBERTO M 1320 SOUTH DIXIE HWY., STE. 280 CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE 2/11/04	
SIGNATURE AND TYPED OR PRINTED TITLE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

lin 54-2077999
 34001188



02132004 Chg-LLC CR2E083 (10/03)