

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028809

FILED  
May 02, 2006  
Secretary of State

Entity Name: SECRET DES ILES, LLC

**Current Principal Place of Business:**

11536 PARADISE COVE LN  
WILLINGTON, FL 33467

**New Principal Place of Business:**

3675 N. COUNTRY CLUB DRIVE  
2508  
ADVENTURA, FL 33180

**Current Mailing Address:**

11536 PARADISE COVE LN  
WILLINGTON, FL 33467

**New Mailing Address:**

3675 N. COUNTRY CLUB DRIVE  
2508  
ADVENTURA, FL 33180

FEI Number: 20-1337071      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:**

LAURENT, MARIE ROBERTE  
11536 PARADISE COVE LN  
WILLINGTON, FL 33467      US

**Name and Address of New Registered Agent:**

LAURENT, MARIE ROBERTE  
3675 N. COUNTRY CLUB DR.  
2508  
ADVENTURA, FL 33180      US

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: MARIE R. LAURENT

05/02/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: LAURENT, MARIE ROBERTE  
Address: 11536 PARADISE COVE LN  
City-St-Zip: WILLINGTON, FL 33467

Title: MGRM      ( ) Delete  
Name: GAETAN, PATRICE  
Address: 60 RUE PAN AMERICAINE  
City-St-Zip: PETION-VILLE HAITI,

Title: MGRM      ( ) Delete  
Name: LAURENT, MENELISE  
Address: 11536 PARADISE COVE LN  
City-St-Zip: WILLINGTON, FL 33467

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: LAURENT, MARIE ROBERTE  
Address: 3675 COUNTRY CLUB DR.  
City-St-Zip: ADVENTURA, FL 33180

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

Title: MGRM      (X) Change ( ) Addition  
Name: LAURENT, MENELISE  
Address: 3675 N. COUNTRY CLUB DR.  
City-St-Zip: ADVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIE R. LAUENT

MGR

05/02/2006

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