
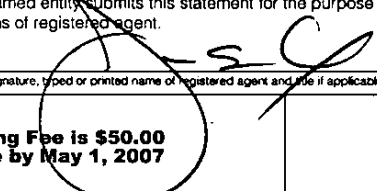
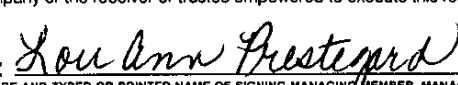


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90344 027 ****50.00

| | | | | | |
|--|--|--|--|---|--|
| DOCUMENT # L04000083298 1. Entity Name SECRETARY PLUS, L.L.C. | | | |  | |
| Principal Place of Business 9002 SE BRIDGE ROAD HOBE SOUND, FL 33455 | | Mailing Address 9002 SE BRIDGE ROAD HOBE SOUND, FL 33455 | | | |
| 2. Principal Place of Business - No P.O. Box # 11450 SE DIXIE HWY | | 3. Mailing Address 11450 SE DIXIE HWY | | | |
| Suite, Apt. #, etc. SUITE 104 | | Suite, Apt. #, etc. SUITE 104 | | | |
| City & State HOBE SOUND, FL | | City & State HOBE SOUND, FL | | | |
| Zip 33455 | | Country US | | Zip 33455 | |
| Country US | | 4. FEI Number 20-2025383 | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | 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 COX, JACK S 9002 SE BRIDGE ROAD HOBE SOUND, FL 33455 | | | 7. Name and Address of New Registered Agent Name COX, JACK S. Street Address (P.O. Box Number is Not Acceptable) 11450 SE DIXIE HIGHWAY SUITE 104 City HOBE SOUND FL 33455 | | |
| 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 3/26/07 | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | Filing Fee is \$50.00 Due by May 1, 2007 | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR PRESTEGARD, LOU ANN 8931 SE EAGLE AVENUE HOBE SOUND, FL 33455 | <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 | |
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| 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 exemptions contained in Chapter 119, 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: 12 APR 07 (772) 545-7135 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |
| LOU ANN PRESTEGARD | | | | | |