


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000023284**

1. Entity Name  
**SECRET LAKE PARTNERS, LLC**



Principal Place of Business <b>209 TOWN CENTER BLVD          DAVENPORT, FL 33896</b>	Mailing Address <b>209 TOWN CENTER BLVD          DAVENPORT, FL 33896</b>
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**DO NOT WRITE IN THIS SPACE**



04092008No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>20-2416600</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**KILLGORE, FRANK H JR  
 2 S ORANGE AVE, 5TH FLOOR  
 ORLANDO, FL 32801**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000911509  
 05/07/08-80043-007 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR VILLAGE PARTNERS 209 TOWN CENTER BLVD DAVENPORT, FL 33896</b>
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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:**  **4/16/08 863 424 5536**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #