

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027047

Entity Name: SECOND TRUST, LLC

FILED
Apr 25, 2007
Secretary of State

Current Principal Place of Business:

16300 NE 19 AVE
STE C
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

16300 NE 19 AVE
STE C
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

5220 S UNIVERSITY DR
STE C-102
DAVIE, FL 33328

FEI Number: 20-2505367

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVAS ENTERPRISE INC
16300 NE 19 AVE
STE C
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

SILVAS ENTERPRISE INC
5220 S UNIVERSITY DR
STE C-102
DAVIE, FL 33328 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: FERNANDO SILVA

04/25/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BRUDER, SERGIO
Address: 16300 NE 19 AVE STE C
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGR () Delete
Name: ERLICH, DARIO
Address: 16300 NE 19 AVE STE C
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: DARIO ERLICH

MGR

04/25/2007

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