

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027047

Entity Name: SECOND TRUST, LLC

FILED  
Jun 25, 2009  
Secretary of State

**Current Principal Place of Business:**

2020 NE 163 STREET  
SUITE 300D  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 20-2505367      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:**

**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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BRUDER, SERGIO  
Address: 2020 NE 163 STREET SUITE 300D  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGR ( ) Delete  
Name: ERLICH, DARIO  
Address: 2020 NE 163 STREET SUITE 300D  
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: SERGIO BRUDER

MGR

06/25/2009

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