


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # M05000002192
 1. Entity Name
 SECRET LAKE PARTNERS LLC



Principal Place of Business: 209 TOWN CENTER BLVD. DAVENPORT, FL 33896
 Mailing Address: 209 TOWN CENTER BLVD. DAVENPORT, FL 33896

DO NOT WRITE IN THIS SPACE



04092008 No Chg-LLC CR2E083 (12/07)

4. FEI Number: 20-2866066 Applied For: Not Applicable
 5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 KILGORE, FRANK H JR
 2 S. ORANGE AVE, 5TH FLOOR
 ORLANDO, FL 32801

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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

U00000911513
 05/07/08-80043-011 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	VILLAGE PARTNERS
STREET ADDRESS	209 TOWN CENTER BLVD.
CITY-ST-ZIP	ORLANDO, FL 33896
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  DATE: 4/16/8 DAYTIME PHONE #: 863 424586

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE