


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 A
Secretary of State

DOCUMENT # L03000018363 1. Entity Name SECURE ENTERPRISES, LLC	
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Principal Place of Business 1540 N.W. 101 AVENUE PLANTATION, FL 33222	Mailing Address 1540 N.W. 101 AVENUE PLANTATION, FL 33222
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DO NOT WRITE IN THIS SPACE



01042006No Chg-LLC CR2E083 (11/05)

4. FEI Number 41-6518721	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

STUMPPFF, JOHN
1540 N.W. 101 AVENUE
PLANTATION, FL 33222

**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 _____ DATE _____
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, 2006**

000000379604
01/10/06-80030-013 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INTELLIPRISE HOLDINGS, LLC 16254 S.W. 67 COURT FORT LAUDERDALE, FL 33331
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: John Stumpff **01/05/06** **(954) 296-2513**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #