

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90275 034 \*\*\*\*50.00

**DOCUMENT # L00000003519**

1. Entity Name  
**SECRET LAKE DEVELOPMENT, L.L.C.**

Principal Place of Business Mailing Address  
**5098 NEPTUNE ROAD 5098 NEPTUNE ROAD**  
**ST. CLOUD FL 34769 ST. CLOUD FL 34769**

2. Principal Place of Business 3. Mailing Address **8550**  
**8550 W. Irlo Bronson Mem. Hwy W. Irlo Bronson Mem. Hwy**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Kissimmee, FL Kissimmee, FL**  
 Zip Country Zip Country  
**34747 USA 34747 USA**

4. FEI Number **59-3642939** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional  
 Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

*Milhausen*  
**MILLER, SOUTH & B-MAG, P.A.**  
**2699 LEE ROAD, SUITE 120**  
**C/O JEFFREY P. MILHAUSEN**  
**WINTER PARK FL 32789**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS / MANAGERS**

**10. ADDITIONS / CHANGES**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR UNNERSTALL, JEFFREY C 5098 NEPTUNE ROAD ST. CLOUD FL 34769</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>8550 W. Irlo Bronson Mem. Hwy Kissimmee, FL 34747</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* SIGNATURE REQUIRED *[Signature]* **4-29-02 407-396-6101**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)