

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Oct 02, 2002 8:00 am
Secretary of State

10-02-2002 90117 023 ****50.00

DOCUMENT # **LO1000001086**
1. Entity Name
SEC PROPERTIES, L.L.C.

981408

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1513 LAKE TARPON AVE Suite, Apt. #, etc.	3. Mailing Address 3747 MULLENHURST DRIVE Suite, Apt. #, etc. Palm Harbor FL
City & State TARPON SPRING FL	City & State Palm Harbor FL
Zip 34689 Country USA	Zip 34685 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-2987982	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name **Scott Crutchfield**

Street Address (P.O. Box Number is Not Acceptable)

3747 MULLENHURST DR

City **Palm Harbor FL** FL Zip Code **34685**

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 **Scott Crutchfield** DATE **9/15/02**
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CRUTCHFIELD, SCOTT 3747 MULLENHURST DRIVE Palm Harbor, FL 34685
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CR2E083B (12/01)

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: **Scott Crutchfield** DATE **9/15/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE