

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020814

Entity Name: SECURE FUNDS, LLC

FILED  
Mar 21, 2005  
Secretary of State

**Current Principal Place of Business:**

13499 BISCAYNE BOULEVARD  
SUITE 4  
NORTH MIAMI, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

13499 BISCAYNE BOULEVARD  
SUITE 4  
NORTH MIAMI, FL 33181

**New Mailing Address:**

FEI Number: 65-1159788

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PRESTON, JOHHANY  
13499 BISCAYNE BLVD N. 3318  
NORTH MIAMI, FL 33181 US

**Name and Address of New Registered Agent:**

PRESTON, JOHHANY  
13499 BISCAYNE BLVD N. 3318  
NORTH MIAMI, FL 33181 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: JOHANY PRESTON

03/21/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: PRESTON, JOHANY  
Address: 13499 BISCAYNE BLVD TOWER STE 4  
City-St-Zip: MIAMI, FL 33181 US

Title: MGR (X) Delete  
Name: TERRY, JOSE  
Address: 13499 BISCAYNE BOULEVARD SUITE 4  
City-St-Zip: NORTH MIAMI, FL 33181

**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 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 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: JOHANY PRESTON

MGRM

03/21/2005

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