AM ENDED LIMITED LIABILITY COMPANY

UNIFORM BUSINESS REPORT (UBR)				
1. Entity Name	Name		9ECRET 05-15-2003/9001/4	FILED STATE OF STATE
MY: MACGUYS, LLC			. O3 JUN	-3 PH 3: 20
DO NOT WRITE		PACE:		14/13
2. Principal Place of Business  1405 23rd 5t. 5.  Suite. Apt. #, etc.	05 23rd St. S.		DO NOT WRITE IN THIS SPACE	
City & State Tanpa FL			4. FEI Number 81-0600975	Applied For
Zip Country 33605	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required
DO NOT W IN THIS SP		Name Ne	7. Name and Address of Current Registe 2: A Beards P.O. Box Number is Not Acceptable)  Z3rd S+  B P P P P P P P P P P P P P P P P P P	ley
8. The above named entity symmits this statement for the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent a	nd bite il applicable.	registered office or registere	!	n familiar with, and accept
9. MANAGING MEMBER	Make Check Payabl	e to Florida Departme UE BY MAY 1	nt of States	
MANAGING MEMBER  TITLE  NAME T  STREET ADDRESS  CITY-ST-ZIP  ST Peters by g FL	15/MANAGERS	MILES NAME STREET ADDRESS ACTIVISTICATE		Laur de la company de la compa
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ITILE  NAME  SPREET ADDRESS  CITY ST. UP.		
NAME STREET ADDRESS CHY-ST-ZIP	<u> </u>	INTE NAME STREET ADDRESS I CITY 51: 2192	DO:NOT-WR	<u> </u>
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		TITLE  NAME  STREET ADDRESS  GITY ST: DF	IN THIS SPA	<b>CE</b>
TITLE NAME STREET ADDRESS CITY-SI-ZIP		ETIGLE NAME STREET ADDRESS COTY ST/DP		
TITLE NAME STREET ADDRESS CITY-S1-ZIP	,	TITLE NAME STREET ANDRESS CITY ST. (ID.)		
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: TUNE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DAY DAY DE DE LA CONTROL DE LA				