


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

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| 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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01042006No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 41-6518721 | Applied For <input type="checkbox"/> 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 |
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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 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM INTELLIPRISE HOLDINGS, LLC 16254 S.W. 67 COURT FORT LAUDERDALE, FL 33331 |
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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 #