

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044774

Entity Name: SECRETS LLC

FILED  
Jan 05, 2004  
Secretary of State

## Current Principal Place of Business:

1706 EAST SEMORAN BLVD., SUITE 130  
APOPKA, FL 32703

## New Principal Place of Business:

1706 EAST SEMORAN BLVD  
SUITE 130  
APOPKA, FL 32703

## Current Mailing Address:

1706 EAST SEMORAN BLVD., SUITE 130  
APOPKA, FL 32703

## New Mailing Address:

FEI Number: 57-1193427

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIMMONS, SHELBY T  
1706 EAST SEMORAN BLVD., SUITE 130  
APOPKA, FL 32703

## Name and Address of New Registered Agent:

SIMMONS, SHELBY T  
1706 EAST SEMORAN BLVD  
SUITE 130  
APOPKA, FL 32703

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:

01/05/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: SIMMONS, CYNTHIA C  
Address: 100 BUTTONWOOD DRIVE  
City-St-Zip: LONGWOOD, FL 32779

Title: MGR ( ) Delete  
Name: SIMMONS, SHELBY T  
Address: 100 BUTTONWOOD DRIVE  
City-St-Zip: LONGWOOD, FL 32799

## 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: SHELBY T SIMMONS

MR

01/05/2004

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