
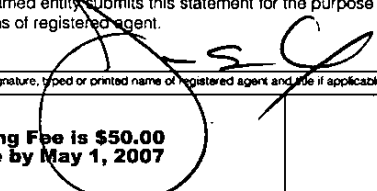


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90344 027 ****50.00

DOCUMENT # L04000083298 1. Entity Name SECRETARY PLUS, L.L.C.					
Principal Place of Business 9002 SE BRIDGE ROAD HOBE SOUND, FL 33455			Mailing Address 9002 SE BRIDGE ROAD HOBE SOUND, FL 33455		
2. Principal Place of Business - No P.O. Box # 11450 SE DIXIE HWY		3. Mailing Address 11450 SE DIXIE HWY			
Suite, Apt. #, etc. SUITE 104		Suite, Apt. #, etc. SUITE 104			
City & State HOBE SOUND, FL		City & State HOBE SOUND, FL			
Zip 33455		Country US		Zip 33455	
Country US		4. FEI Number 20-2025383			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent COX, JACK S 9002 SE BRIDGE ROAD HOBE SOUND, FL 33455			7. Name and Address of New Registered Agent Name COX, JACK S. Street Address (P.O. Box Number is Not Acceptable) 11450 SE DIXIE HIGHWAY SUITE 104 City HOBE SOUND FL 33455		
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  (NOTE: Registered Agent signature required when reinstating) DATE 3/26/07					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PRESTEGARD, LOU ANN 8931 SE EAGLE AVENUE HOBE SOUND, FL 33455	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				12 APR 07 (772) 545-7135 Date Daytime Phone #	
LOU ANN PRESTEGARD					