


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90138 021 ***138.75

DOCUMENT # L05000008928
 1. Entity Name
MANAGEMENT SECURE, LLC



Principal Place of Business Mailing Address
 1047 BAYBERRY LOOP 1047 BAYBERRY LOOP
 CLEWISTON FL 33440 CLEWISTON FL 33440



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
5029 Ruby Flats Dr *5029 Ruby Flats Dr*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State City & State
Wimauma FL *Wimauma FL*
 Zip Country Zip Country
33598 *USA* *33598* *USA*
Hillsborough

4. FEI Number Applied For
 20-2201847 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
PEREZ, ANTONIO R
417 WEST SUGARLAND HWY.
CLEWISTON FL 33440

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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: *[Signature]* DATE: *1/31/08*

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ISRAEL, ABBIE 1047 BAYBERRY LOOP CLEWISTON FL 33440 <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	MGR ISRAEL, JUDITH 1047 BAYBERRY LOOP CLEWISTON FL 33440 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Judith Israel* JUDITH ISRAEL *1/31/08* *904 646 1152*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #