

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000084505

FILED
Apr 26, 2007
Secretary of State

Entity Name: SECARLEN VENTURES, LLC

Current Principal Place of Business:

6445 S CHICKASAW TRAIL #132
ORLANDO, FL 32829

New Principal Place of Business:

Current Mailing Address:

6445 S CHICKASAW TRAIL #132
ORLANDO, FL 32829

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARP, DUDLEY Q ESQ
369 N NEW YORK AVENUE 3RD FL
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RUIZ, CARLOS H
Address: 6445 S CHICKASAW TRAIL #132
City-St-Zip: ORLANDO, FL 32829

Title: MGRM () Delete
Name: ALLEN, LUIS
Address: 6445 S CHICKASAW TRAIL #132
City-St-Zip: ORLANDO, FL 32829

Title: MGRM () Delete
Name: IMBERT, SEGUNDO
Address: 6445 S CHICKASAW TRAIL #132
City-St-Zip: ORLANDO, FL 32829

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 exemption stated in Chapter 119, 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: CARLOS RUIZ

MGR

04/26/2007

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