


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90306 012 ****50.00

DOCUMENT # L05000116691

1. Entity Name
 SECA 1 LLC.



Principal Place of Business
 16300 NE 19 AVE.
 SUITE 242
 NORTH MIAMI BEACH, FL 33162

Mailing Address
 16300 NE 19 AVE.
 SUITE 242
 NORTH MIAMI BEACH, FL 33162

2. Principal Place of Business - No P.O. Box #
18305 BISCAYNE BLVD

3. Mailing Address
18305 BISCAYNE BLVD

Suite, Apt. #, etc.
216

Suite, Apt. #, etc.
216

City & State
AVENTURA - FLORIDA

City & State
AVENTURA FLORIDA

Zip
33160

Country
USA

Zip
33160

Country
USA



03142007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4251544

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent:

BARTHE & LEIGH LLP
2455 E. SUNRISE BLVD.
SUITE 602
FORT LAUDERDALE, FL 33304

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 MGR	<input type="checkbox"/> Delete	TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FAJMAN, SYLVAIN		NAME FAJMAN, SYLVAIN	
STREET ADDRESS 16300 NE 19 AVE.		STREET ADDRESS 18305 BISCAYNE BLVD # 216	
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162		CITY-ST-ZIP AVENTURA FL 33160	
TITLE MGR	<input type="checkbox"/> Delete	TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NAMER, YANN		NAME NAMER, YANN	
STREET ADDRESS 16300 NE 19 AVE.		STREET ADDRESS 18305 BISCAYNE BLVD # 216	
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162		CITY-ST-ZIP AVENTURA FL 33160	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ Date **03/14/07** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE