


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	4. FEI Number 20-4251544	
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: 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 NAME STREET ADDRESS CITY-ST-ZIP	MGR FAJMAN, SYLVAIN 16300 NE 19 AVE. NORTH MIAMI BEACH, FL 33162	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAMER, YANN 16300 NE 19 AVE. NORTH MIAMI BEACH, FL 33162	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAMER, YANN 18305 BISCAYNE BLVD #216 AVENTURA FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAMER, YANN 18305 BISCAYNE BLVD #216 AVENTURA FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAMER, YANN 18305 BISCAYNE BLVD #216 AVENTURA FL 33160	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAMER, YANN 18305 BISCAYNE BLVD #216 AVENTURA FL 33160	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAMER, YANN 18305 BISCAYNE BLVD #216 AVENTURA FL 33160	<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: _____ 03/14/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					