

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000073620

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** SECURED INVESTMENT HOLDINGS, LLC

**Current Principal Place of Business:**

465 S.W. 86TH AVENUE  
BLDG. 16, #206  
PEMBROKE PINES, FL 33025

**New Principal Place of Business:**

**Current Mailing Address:**

465 S.W. 86TH AVENUE  
BLDG. 16, #206  
PEMBROKE PINES, FL 33025

**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:**

NELSON, DAMIAN  
465 S.W. 86TH AVENUE  
BLDG. 16, #206  
PEMBROKE PINES, FL 33025 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: NELSON, DAMIAN  
Address: 465 S.W. 86TH AVENUE, BLDG. 16, #206  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: MGRM ( ) Delete  
Name: NELSON, NATHALIE N  
Address: 465 S.W. 86TH AVENUE, BLDG. 16, #206  
City-St-Zip: PEMBROKE PINES, FL 33025

**ADDITIONS/CHANGES:**

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: D NELSON

MGRM

04/27/2007

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