THALLE	דו וואלאו ו ח	10.00 LATE FEI Y COMPANY 💉	- STERN	LORIDA DEPA	ARTMENT OF STATE	7		
,	ANNUAL R 199	eport 🖁		Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED		
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE						99 APR 12 PM 3: 45		
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L9: SECA, L.C.						TALLAHASSEE, FLORIDA 1a. Principal Place of Business Address		
6480 SW 131ST ST. MIAMI FL 33156						9085 S.W. 87TH AVE. SUITE 201 MIAMI FL 33176		
2 Principal Place of Business 2a. Mailir				ng Address		3. Date Organized or 0	Qualified	3a. State of Formation
Suite, Apt. #, etc.			Suite, Ap	Suite, Apt. #, etc.		04/05/199	3	FL
·				0.000		4. FEt Number Applied For		
City & State			City & Sta	City & State		65-0434748 Not Applicable		
Zφ		Country	Zip		Country	5. Date of Last Report 03/05/199).	Certificate of Status Desired Status Desired Required
	7. Name	and Address of Currer	nt Registered	Agent	B.	Name and Address of N		
9085 S.W. 87TH AVE. MIAMI IL 33176				Street Address (P.O. Box Number Suite, Apt #, etc City			Zip Code Submits this statement for the purpose of changing	
its registe	red office or regi	stered agent, or both, in t	6 and 608.508, he State of Flo	, Florida Statutes				
		accept the obligations.		rida. Such change	, the above-named limited was authorized by affirma	ilability company submits tive vote of a majority of thi	this statem embers	ent for the purpose of changing Thereby accept the appointment
SIGNATU	JRE				the above-named limited was authorized by affirmations and the second sec	tive vote of a majority of thi	members	ent for the purpose of changing I hereby accept the appointment
			g Aporti frograj - (*	cži Rojova (Ajer)	was authorized by affirma	tive vote of a majority of thi	members	ent for the purpose of changing I hereby accept the appointment
SIGNATU 10. Title MEM	Mar	(Begistend Aged) Accepted	g Aportology (*) 9 rs	Di Rejeser Ager	was authorized by affirma	DATE	members	Thereby accept the appointment
10. Title	CANNOI	(Bigstond Apert Asserted anager anager) Members/Manager	g Aportology (*) 9 rs	9085 S	was authorized by affirmation of the second	DATE DATE M	e members City, S	Thereby accept the appointment
10. Title	CANNOI	its proceed April A representation processing Members/Manage	g Aportology (*) 9 rs	9085 S	was authorized by affirmation and the monthly business Street Address . W. 87TH AV	E. M	City, S IAMI 1 IAMI 1 O10 71 O4/16	Itate and Zip Code FL F1-7-11 73301033023
MEM MEM 11 I do he indicated a limited liab	CANNOI CANNOI on this annual re	the information supplied to the receiver or trustee or or t	with this filing d	9085 S 9085 S	the exemption stated in Screen legal effect as the same legal effect as the same legal effect as	E. M E. M Clion 119 07(3) (i), Florida if made under oaln; that I	City, S I AMI I AMI O 10 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Thereby accept the appointment

INHSE10 R (12-98)