


FILE NOW: Fee after May 1, will be \$588.75

**APPROVED
AND
FILED**

1997 APR 14 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L95000000839 SECURE MANAGEMENT, L.C. 707 HOOVER DIKE ROAD CLEWISTON FL 33440		1a. Principal Place of Business Address 707 HOOVER DIKE ROAD CLEWISTON FL 33440	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business <i>SAME</i>		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
7. Name and Address of Current Registered Agent LABINER, PAUL S 2255 GLADES ROAD, STE. 422A BOCA RATON FL 33431		3. Date Organized or Qualified 10/30/1995	
		3a. State of Formation FL	
		4. FEI Number 65-0627461	
		5. Date of Last Report 04/26/1996	
		6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> Additional Fee Required	
8. Name and Address of New Registered Agent Name <i>ABBIE ISRAEL</i>			
Street Address (P.O. Box Number is Not Acceptable) <i>707 Hoover Dike Rd Unit 704</i>			
Suite, Apt. #, etc. <i>Unit 704</i>			
City <i>Clewiston</i>		Zip Code <i>FL 33440</i>	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE <i>Abbie Israel</i>		DATE <i>4/12/97</i>	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	ISRAEL, ABBIE	707 HOOVER DIKE ROAD	CLEWISTON FL
MGR	ISRAEL, JUDITH	707 HOOVER DIKE ROAD	CLEWISTON FL
			900002143919--6 -04/15/97--01080--007 *****203.75 *****203.75 <i>468 4/15/97</i>
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: <i>[Signature]</i>		Date <i>4/12/97</i> Daytime Phone # <i>941 983 5560</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER			