# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 03, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # M03000002811

1. Entity Name
SECURE PROPERTIES, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 10059 NW 49TH PLACE<br>CORAL SPRINGS, FL 33076-2418 | 10059 NW 49TH PLACE<br>CORAL SPRINGS, FL 33076-2418 |

DO NOT WRITE IN THIS SPACE

04152004No Chg-LLC CR2E083 (10/03)

4. FEI Number
45-0517890

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AVARELLO, JAHN
10059 NW 49TH PLACE
CORAL SPRINGS, FL 33076-2418

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $60.00**
**Due by May 1, 2004**

000000153726
05/04/04-80139-013 50.00

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGR |
| NAME | AVARELLO, JAHN |
| STREET ADDRESS | 10059 NW 49TH PLACE |
| CITY-ST-ZIP | CORAL SPRINGS, FL 330762418 |
| TITLE | |
| NAME | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

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11. I 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 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:** Jahn Avarello 4-27-04 561 487 7804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #