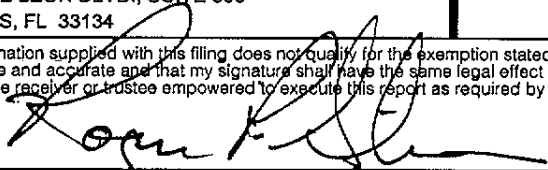


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000005095						
1. Entity Name FEDSEC, LLC						
Principal Place of Business 2199 PONCE DE LEON BLVD., SUITE 300 CORAL GABLES, FL 33134	Mailing Address 2199 PONCE DE LEON BLVD., SUITE 300 CORAL GABLES, FL 33134	 02072005No Chg-LLC CR2E083 (10/03) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 30-0010934</td><td style="width: 40%; padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required</td></tr></table>	4. FEI Number 30-0010934	Applied For Not Applicable	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
4. FEI Number 30-0010934	Applied For Not Applicable					
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent						
GIBSON, ROGER P 2199 PONCE DE LEON BLVD., SUITE 300 CORAL GABLES, FL 33134		DO NOT WRITE IN THIS SPACE				
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 reinstalling) DATE						
Filing Fee is \$50.00 Due by May 1, 2005 U00000277478 03/26/05-80031-011 50.00						
9. MANAGING MEMBERS/MANAGERS						
TITLE	MGR	DO NOT WRITE IN THIS SPACE				
NAME	BURROWS, CHARLES E					
STREET ADDRESS	2199 PONCE DE LEON BLVD., SUITE 300					
CITY-ST-ZIP	CORAL GABLES, FL 33134					
TITLE	MGR					
NAME	GIBSON, ROGER P					
STREET ADDRESS	2199 PONCE DE LEON BLVD., SUITE 300	DO NOT WRITE IN THIS SPACE				
CITY-ST-ZIP	CORAL GABLES, FL 33134					
TITLE	MGR					
NAME	HATTERSLEY, IRIS					
STREET ADDRESS	2199 PONCE DE LEON BLVD., SUITE 300					
CITY-ST-ZIP	CORAL GABLES, FL 33134					
TITLE	MGR	DO NOT WRITE IN THIS SPACE				
NAME	MACFARLANE, JAMES					
STREET ADDRESS	2199 PONCE DE LEON BLVD., SUITE 300					
CITY-ST-ZIP	CORAL GABLES, FL 33134					
TITLE	MGR					
NAME	MCKINNEY, LOUIE					
STREET ADDRESS	2199 PONCE DE LEON BLVD., SUITE 300	DO NOT WRITE IN THIS SPACE				
CITY-ST-ZIP	CORAL GABLES, FL 33134					
TITLE	MGR					
NAME	STOGSDILL, DWIGHT					
STREET ADDRESS	2199 PONCE DE LEON BLVD., SUITE 300					
CITY-ST-ZIP	CORAL GABLES, FL 33134					
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		3.23.05 305-856-9431				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #				