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	Mailing Address
2199 PONCE DE LEON BLVD., SUITE 300 CORAL GABLES, FL 33134	2199 PONCE DE LEON BLVD., SUITE 300 CORAL GABLES, FL 33134

02072005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0010934
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GIBSON, ROGER P
2199 PONCE DE LEON BLVD., SUITE 300
CORAL GABLES, FL 33134

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

Filing Fee is $50.00
Due by May 1, 2005

U00000277478
03/26/05-80031-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
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
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
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
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

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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: Roger P. Gibson 3.23.05 305-856-9431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #