

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000002636

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** SECURE HOLDINGS POWERS DRIVE LLC

**Current Principal Place of Business:**

9001 CONGRESSIONAL COURT  
POTOMAC, MD 20854

**New Principal Place of Business:**

2650 NORTH POWERS DRIVE  
ORLANDO, FL 32818

**Current Mailing Address:**

9001 CONGRESSIONAL COURT  
POTOMAC, MD 20854

**New Mailing Address:**

1930 ISAAC NEWTON SQ, WEST  
SUITE 207  
RESTON, VA 20190

**FEI Number:** 26-1489447

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GARCHIK, STEPHEN J  
Address: 9001 CONGRESSIONAL COURT  
City-St-Zip: POTOMAC, MD 20854

Title: MGR ( ) Delete  
Name: CZEKAJ, ANDREW J  
Address: 4501 GULF SHORE BLVD. NORTH, APT. 1503  
City-St-Zip: NAPLES, FL 34103

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MYOUNG YOO

REPR

04/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date