

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M99000001809

1. Entity Name
THE SECURA GROUP, L.L.C.



Principal Place of Business
**7799 LEESBURG PIKE, SUITE 800 NORTH
FALLS CHURCH, VA 22043-2413**

Mailing Address
**7799 LEESBURG PIKE, SUITE 800 NORTH
FALLS CHURCH, VA 22043-2413**



06292005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1437073

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
ISAAC, WILLIAM M
1209 WEST WAY DR
SARASOTA, FL 34236**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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1100000374548
07/26/05-80004-020 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/1/05

Date

941-388-0088

Daytime Phone #