


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 28, 2006 8:00 am
Secretary of State

08-14-2006 90122 010 ****50.00

DOCUMENT # L05000078512

1. Entity Name
 1241 SURF ROAD LLC



Principal Place of Business
 6500 JERICHO TPKE
 COMMACK, NY 11725

Mailing Address
 6500 JERICHO TPKE
 COMMACK, NY 11725

2. Principal Place of Business 1241 Surf Rd LLC Suite, Apt. #, etc.		3. Mailing Address 361 Union Blvd Suite, Apt. #, etc.	
City & State		City & State West Islip NY	
Zip	Country	Zip 11795	Country Suffolk



07112006 Chg-LLC CR2E083 (11/05)

4. FEI Number 25-1923153	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MESSAHA, STEVE
 11971 COLENMORE DRIVE
 CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

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.

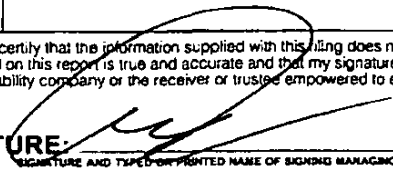
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$50.00
 Due by September 6, 2006**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PACE, ANDREW			NAME			
STREET ADDRESS	361 UNION BLVD.			STREET ADDRESS			
CITY-ST-ZIP	WEST ISLIP, NY 11795			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERGOLIZZI, JAMES			NAME			
STREET ADDRESS	6500 JERICHO TPKE			STREET ADDRESS			
CITY-ST-ZIP	COMMACK, NY 11725			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: 8/10/06 TELEPHONE: 631-422-3488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #