


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90060 041 ****50.00

DOCUMENT # L02000028650 1. Entity Name SURREAL PROPERTIES L.L.C.					
Principal Place of Business 338 MINORCA AVENUE CORAL GABLES, FL 33134			Mailing Address 338 MINORCA AVENUE CORAL GABLES, FL 33134		
2. Principal Place of Business 1545 TREVINO AVENUE Suite, Apt. #, etc.		3. Mailing Address 1545 TREVINO AVENUE Suite, Apt. #, etc.			
City & State CORAL GABLES, FL Zip 33134		City & State CORAL GABLES, FL Zip 33134		4. FEI Number 20-0113979 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04262004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent QUINTANA, J. LUIS 338 MINORCA AVENUE CORAL GABLES, FL 33134			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GARCIA, MICHAEL 1545 TREVINO AVE. CORAL GABLES, FL 33134 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<div style="text-align: center;">  </div> <div style="display: flex; justify-content: space-between;"> 9/29/04 305-665-2035 </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Date Daytime Phone # </div>		

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