



01-17-2006 90064 031 ****50.00

DOCUMENT # L03000054460				Secretary of State 01-17-2006 90064 031 ****50.00	
1. Entity Name SURREY INVESTMENTS, LLC		Principal Place of Business 20601 OLD CUTLOR ROAD SUITE 201 MIAMI, FL 33189			
2. Principal Place of Business 20601 Old Cutler Road		3. Mailing Address P.O. BOX 771346 MIAMI, FL 33177-1346			
Suite, Apt. #, etc. SUITE 201		Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State			
Zip 33189		Country USA		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired		<input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
MULLER, CHADES 7385 GALLOWAY ROAD SUITE 200 MIAMI, FL 33173		Name MULLER, CHARLES			
		Street Address (P.O. Box Number is Not Acceptable) 7385 Galloway Road			
		Suite SUITE 200			
		City MIAMI		FL	
				Zip Code 33173	
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 May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NUNEZ, LOURDES 16900 S.W. 162ND AVENUE MIAMI, FL 33187	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  LOURDES NUNEZ 11/2/06 305-259-6360					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					