2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000002526

1. Entity Name

SURCON INVESTMENT, L.L.C.



FILED Mar 10, 2008 08:00 AN Secretary of State

Principal Place of Business

104 CLEMATIS ST. WEST PALM BEACH, FL 33401 Mailing Address

470 COLUMBIA DR. D-201 WEST PALM BEACH, FL 33409



DO NOT WRITE IN THIS SPACE

02132008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 90-0030501

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CONIGLIO, FRANK S 1139 N OCEAN BLVD PALM BEACH, FL 33480

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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

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	CONGILIO, FRANK S
STREET ADDRESS	1139 N OCEAN BLVD
CITY+ST-ZIP	PALM BEACH, FL 33480
TITLE	MGR
NAME	SUROVEK, JOHN H
STREET ADDRESS	7 VIA PARIGI WORTH AVENUE
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	MGR
NAME	CONIGLIO, GAIL L
STREET ADDRESS	1139 NORTH OCEAN BOULEVARD
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 typice empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

JRE:

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

3/7/08

Daytime Phone a