2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000004638

1. Entity Name

SURPLUS COMPUTER LIQUIDATOR'S, LLC



Principal Place of Business

Mailing Address

725 NORTH MAGNOLIA AVE. ORLANDO, FL 32803 790 SUMMA AVE. WESTBURY, NY 11590 Apr 17, 2006 08:00 AM Secretary of State



03162006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 52-2321204 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytime Phone 6

6. Name and Address of Current Registered Agent

STONE, STEPHEN M 725 NORTH MAGNOLIA AVE. ORLANDO, FL 32803

CITY-ST-ZIP

SIGNATURE:

DO NOT WRITE IN THIS SPACE

		}				
a. The above the obligat	named entity submits this statement for the purpose of citions of registered agent.	changing its registere	d office or registered ago	ent, or both, in the State	of Florida. I am familiar	with, and accept
SIGNATURE.		···	ì			
	Signature typed or printed name of registered agent and this if applicable.	(NQTE Registered	Agent signature required when re		0000515833	
F	lling Fee is \$50.00 ue by May 1, 2008			04/29/	/06-80229 -0 01	7 50.00. [—]
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAFFER, MOHOMMEDTAKI 1738 BRIDGEWATER DRIVE LAKE MARY, FL 32746		:			
THLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAJEE, SAMEER T90 SUMMA AVE. WESTBURY, NY 11590		,	÷		
TITLE NAME STREET ADDRESS GITY-ST-ZTP			·	DO NOT	WRITE	
HILE NAME STREET ADDRESS CITY-ST-DP			:	IN THIS	SPACE	
Title NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME SIREE! ADDRESS						

11. I hereby certify that the information subplied 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 menaging member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

ANE OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE