

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2002 8:00 am
Secretary of State

DOCUMENT # 1-010 0000 9152

1. Entity Name

SRA/SURPRISE II, LLC

04-08-2002 90206 025 ***535.00

04-30-2002 90136 037 ***55.00

DO NOT WRITE IN THIS SPACE

947764

2. Principal Place of Business

5345 PINETREE DRIVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

SAME

City & State

MIAMI BEACH, FL

City & State

SAME

Zip

33140

Country

Zip

33140

Country

4. FEI Number

02-0542630

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00

Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

GRAB, LAWRENCE

Street Address (P.O. Box Number is Not Acceptable)

200 SOUTH BILLYARD BL 4910

City

MIAMI

FL

Zip Code

33131

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MANAGING MEMBER
CLIFFORD STEIN
5345 PINETREE DRIVE
MIAMI BEACH, FL 33140

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MANAGING MEMBER
MIGUEL BLANQUE
30 W. MASHA DRIVE, #300
KAY BILLYARD, FL 33149

TITLE
NAME
STREET ADDRESS
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**DO NOT WRITE
IN THIS SPACE**

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: [Signature]

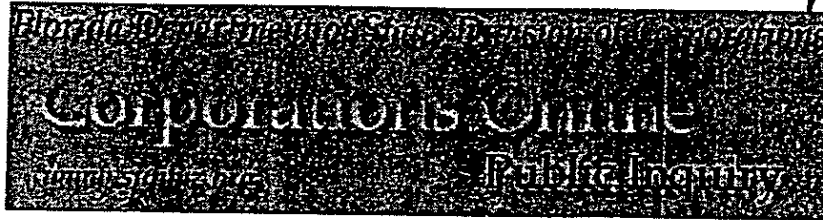
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/30/02 305-361-8385

CR2E083B (12/01)



Attachment
947764
#L0100009152

Florida Limited Liability

SRA/SUNRISE II, LLC

PRINCIPAL ADDRESS

5345 PINE TREE DRIVE
MIAMI BEACH FL 33140

MAILING ADDRESS

5345 PINE TREE DRIVE
MIAMI BEACH FL 33140

Document Number
L01000009152

FEI Number
NONE

Date Filed
06/07/2001

State
FL

Status
ACTIVE

Effective Date
NONE

Total Contribution
0.00

Registered Agent

Name & Address
GRAGG, K. LAWRENCE 200 S. BISCAYNE BLVD., SUITE 4900 MIAMI FL 33131

Manager/Member Detail

Name & Address	Title
NONE	

Annual Reports

Report Year	Filed Date	Intangible Tax

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No Events