9/23/2002 90195-012-$50.00-$50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000018544

1. Entity Name
SURFSIDE INVESTMENTS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 NOV 15 AM 11:00

WL 11/20

Principal Place of Business	Mailing Address
9559 COLLINS AVE. UNIT 406 SURFSIDE FL 33154	9559 COLLINS AVE. UNIT 406 SURFSIDE FL 33154

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9559 Collins Ave.	3707 Gilbert Ave
Suite, Apt. #, etc. Unit 405	Suite, Apt. #, etc. Unit 7
City & State Surfside, FL	City & State Dallas, TX 75219
Zip 33154 Country	Zip Country Dallas

4. FEI Number 74-3020178 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

O'LEARY, STINELLI
9559 COLLINS AVE.
UNIT 406
SURFSIDE FL 33154

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 [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 9/17/2002

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS MGRM

TITLE (MGRM)	President	☐ Delete
NAME	Timothy P. O'Leary	
STREET ADDRESS	9559 Collins Ave Unit 405	
CITY-ST-ZIP	Surfside FL 33154	
TITLE (MGRM)	Vice President	☐ Delete
NAME	Stinelli C. O'Leary - MGRM	
STREET ADDRESS	9559 Collins Ave Unit 405	
CITY-ST-ZIP	Surfside, FL 33154	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E083 (4/02)

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] S. O'Leary SIGNED

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

Date 9/17/2002

Daytime Phone # (214) 912-3028