

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018544

Entity Name: SURFSIDE INVESTMENTS, LLC

FILED  
Jan 15, 2009  
Secretary of State

**Current Principal Place of Business:**

9559 COLLINS AVE.  
UNIT 405  
SURFSIDE, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 190426  
DALLAS, TX 75219

**New Mailing Address:**

FEI Number: 79-3020178

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

O'LEARY, STINELLI  
9559 COLLINS AVE.  
UNIT 405  
SURFSIDE, FL 33154 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: O'LEARY, TIMOTHY P  
Address: 9559 COLLINS AVE UNIT 405  
City-St-Zip: SURFSIDE, FL 33154

Title: MGRM ( ) Delete  
Name: O'LEARY, STINELLI C  
Address: 9559 COLLINS AVE UNIT 405  
City-St-Zip: SURFSIDE, FL 33154

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STINELLI O'LEARY

MGRM

01/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date