

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90145 034 \*\*\*\*50.00

**DOCUMENT # L02000003433**

1. Entity Name  
**SUR INVESTMENTS, L.L.C.**



Principal Place of Business  
**3440 HOLLYWOOD BLVD., STE 360  
HOLLYWOOD, FL 33021**

Mailing Address  
**3440 HOLLYWOOD BLVD., STE 360  
HOLLYWOOD, FL 33021**



04272004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business  
**18851 NE 29th AV**

3. Mailing Address  
**18851 NE 29th AV**

Suite, Apt. #, etc.  
**900**

Suite, Apt. #, etc.  
**900**

City & State  
**AVENTURA FL**

City & State  
**AVENTURA FL**

Zip Country  
**33180 USA**

Zip Country  
**33180 USA**

4. FEI Number  
**04-3607117**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ROTH, LEONARDO A ESQ.  
3440 HOLLYWOOD BLVD., STE 360  
HOLLYWOOD, FL 33021**

**7. Name and Address of New Registered Agent**

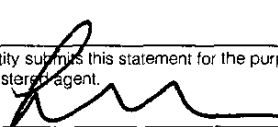
Name  
**LEONARDO A. ROTH**

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

**18851 NE 29th AV, STE 900**

City **AVENTURA** **FL** Zip Code **33180**

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.

**LEONARDO A. ROTH, ESQ**

**4-30-04**

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
EPSTEIN, GREGORIO  
3440 HOLLYWOOD BLVD., STE 360  
HOLLYWOOD, FL 33021** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
EPSTEIN, DARIO G  
3440 HOLLYWOOD BLVD., STE 360  
HOLLYWOOD, FL 33021** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
GOTTSELIG, YANINA L  
3440 HOLLYWOOD BLVD., STE 360  
HOLLYWOOD, FL 33021** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
GREGORIO EPSTEIN  
18851 NE 29th AV, STE 900  
AVENTURA, FL 33180** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
DARIO EPSTEIN  
18851 NE 29th AV, STE 900  
AVENTURA, FL 33180** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
GOTTSELIG, YANINA L  
18851 NE 29th AV, STE 900  
AVENTURA, FL 33180** ☐ Change ☐ Addition

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

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

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

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

Date

Daytime Phone #

**DARIO EPSTEIN MGRM 4-30-04 786 779 0800**