


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000005894 1. Entity Name SURFBOARD SURGEONS, LLC	
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Principal Place of Business 910 BIG TREE ROAD B6-U3 SOUTH DAYTONA, FL 32119	Mailing Address 910 BIG TREE ROAD B6-U3 SOUTH DAYTONA, FL 32119
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06132004No Chg-LLC CR2E083 (10/03)

4. FEI Number 03-0462314	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SVAJKO, JOHN P SR. 910 BIG TREE ROAD B6-U3 SOUTH DAYTONA, FL 32119	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaking)

Filing Fee is \$50.00
Due by September 8, 2004

U00000167822
07/22/04-80010-011 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SVAJKO, JOHN P SR. 910 BIG TREE ROAD B6-U3 SOUTH DAYTONA, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANKLIN, JODY 171 WHITE FAWN DR DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: JOHN P. SVAJKO 7/19/04 386-290-0625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #