2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000005894

1. Entity Name SURFBOARD SURGEONS, LLC

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

Principal Place of Business

910 BIG TREE ROAD

B6-U3

SOUTH DAYTONA, FL 32119

Mailing Address

910 BIG TREE ROAD

B6-U3

DO NOT WRITE IN THIS SPACE

SOUTH DAYTONA, FL 32119



06132004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number Applied For Not Applied Store Status Desired Status Desired Fee Required

6. Name and Address of Current Registered Agent

SVAJKO, JOHN P SR. 910 BIG TREE ROAD B6-U3 SOUTH DAYTONA EL 33

DO NOT WRITE IN THIS SPACE

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	B6-U3 SOUTH D	AYTONA, FL 32119	IN T	IN THIS SPACE		
Filling Fee is \$50.00 Due by September 8, 2004 S. MANAGING MEMBERS/MANAGERS THE MGRM NAME SVAJKO, JOHN P SR. SINEET MORRES OTTY-ST-2P TITLE MMRM STREAT MORRES OTTY-ST-2P TITLE MMRM STREAT MORRES STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS OTTY-ST-2P TITLE MMRM STREET ADDRESS STREET ADRESS STREET ADDRESS STREET ADRESS STREET ADDRESS STREET ADRESS STREET ADRE			ging its registered office or registered agent, or both	, in the State of Florida. I am familiar with, and accept		
MANAGING MEMBERS/MANAGERS TRIE MINME NAME SVALKO, JOHN P SR. 910 BIG TREE ROAD B6-U3 SOUTH DAYTONA, FL 32119 TITLE MARK NAME FRANKLIN, JODY 171 WHITE FAWN DR DAYTONA BEACH, FL 32114 TITLE NAME STREET ADDRESS CITY-ST-2P TITLE STREET ADDRESS STREET ADDRES	SIGNATURE.	Signature, typed or printed name of registered agent and file if applicable.	(NOTE. Registered Agent signature required when reliestating)	DATE		
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NAME STREET ADDRESS CATY-ST-ZIP TIFLE RAME STREET ADDRESS	name Street adoress		IN 7	THIS SPACE		
name Street address	name Street address					
	name Street adoress					

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.

SI	GN	ATI	JR	E:

SPRS

JOHN P. SVA JKO

7/19/04 386-290-062

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

ate

Daytime Phone 4