
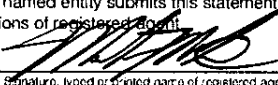



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90413 037 \*\*\*\*50.00

<b>DOCUMENT # L02000009054</b> 1. Entity Name <b>SUBURBAN SECURITIES LLC</b>					
Principal Place of Business <b>5703 RED BUG LAKE RD. #123 WINTER SPRINGS, FL 32708</b>			Mailing Address <b>5703 RED BUG LAKE RD. #123 WINTER SPRINGS, FL 32708</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MATISAK, MATHEW</b> <b>300 SHEOAH BLVD. #210</b> <b>WINTER SPRINGS, FL 32708</b>				Name <b>Mathew Matisak</b> Street Address (P.O. Box Number is Not Acceptable) <b>794 Seneca Meadows Rd</b> <b>Winter Springs</b> <b>32708</b> City <b>FL</b> 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  <b>Mathew Matisak MGRM</b> <span style="float: right;">4/12/04</span> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when retreating.)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>MATISAK, MATHEW</b> <b>300 SHEOAH BLVD. #210</b> <b>WINTER SPRINGS, FL 32708</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>SHNAIDER, SHIRA</b> <b>300 SHEOAH BLVD. #210</b> <b>WINTER SPRINGS, FL 32708</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  <b>Mathew Matisak MGRM</b> <span style="float: right;">4/12/04 407-252-7531</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					