

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90007 039 \*\*\*\*55.00

**DOCUMENT # L02000022276**

1. Entity Name  
**SUREBUILT, LLC**



Principal Place of Business

**SUREBUILT, L.L.C.**  
**3666 NW 16TH STREET**  
**LAUDERHILL, FL 33311**

Mailing Address

**3211 NW 4TH PL**  
**LAUDERHILL, FL 33311**



04212004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**02-0641977**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BANKS, LAWRENCE S**  
**3211 NW 4TH PLACE**  
**LAUDERHILL, FL 33311**

**DO NOT WRITE  
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRD
NAME	BANKS, LAWRENCE S
STREET ADDRESS	3211 NW 4TH PL
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	MANAGING MEMBER
NAME	LAURIE WHYTE
STREET ADDRESS	1520 N.W. 62 <sup>ND</sup> TERRACE
CITY-ST-ZIP	SUN RISE FL 33313
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Laurie Whyte LAURIE WHYTE**

**4/25/04**

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

Date

Daytime Phone #

*Managing Member*