

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 19, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90076 008 \*\*\*\*50.00

9/E

DOCUMENT # **LO2000022276**

1. Entity Name

**SUREBUILT, L.L.C.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**SUREBUILT L.L.C.**

Suite, Apt. #, etc.

**3666 NW 16 street**

City & State

**LAUDERHILL**

Zip

**33311**

Country

**Florida**

3. Mailing Address

**3211 NW 4th Pl.**

Suite, Apt. #, etc.

**N/A**

City & State

**Ft. Lauderdale**

Zip

**33311**

Country

**Florida**

DO NOT WRITE IN THIS SPACE

**55056875**

4. FEI Number

**02-0641977**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Lawrence S. Banks**

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

**3211 NW 4th place**

**Ft Lauderdale**

City

**FL**

Zip Code

**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]*

Signature, typed or printed name of registered agent and title if applicable

**9/16/03**

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>Managing Director</b>
NAME	<b>Lawrence S. Banks</b>
STREET ADDRESS	<b>3211 NW 4th Pl.</b>
CITY-ST-ZIP	<b>Ft. Lauderdale FL 33311</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(f), 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]*

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

Date

Daytime Phone #

CR2E083B (12/02)