


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000024949</b> 1. Entity Name SURENET GROUP, LLC	
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Principal Place of Business 6226 GRETN GREEN COURT PINELLAS PARK, FL 33781 US	Mailing Address 7440 62ND TERRACE NORTH PINELLAS PARK, FL 33781 US
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**DO NOT WRITE IN THIS SPACE**



04082005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 46-0499835	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
THADDEUS FREEMAN, PLLC  
8150 CYPRESS GARDEN COURT  
LARGO, FL 33777

**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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOLFLEY, JOHN R 6226 GRETN GREEN COURT PINELLAS PARK, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FREEMAN, THADDEUS 8150 CYPRESS GARDEN CT. LARGO, FL 33777
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U00000343993  
05/02/05-80087-010 50.00

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:**  **4/11/05** **727-492-7065**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #