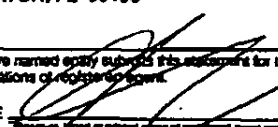
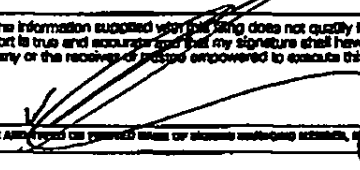


**FILED**  
**Mar 17, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90157 023 \*\*\*\*50.00

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                               |                                                                                                                     |                                                                                                                                  |                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L04000003001</b>                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                 |                                                                   |
| 1. Entity Name<br>SURO L.L.C.                                                                                                                                                                                                                                                                                                                 |                                                                                                                     |                                                                                                                                  |                                                                   |
| Principal Place of Business<br>801 MEADOWS ROAD<br>SUITE 114<br>BOCA RATON, FL 33486                                                                                                                                                                                                                                                          |                                                                                                                     | Mailing Address<br>801 MEADOWS ROAD<br>SUITE 114<br>BOCA RATON, FL 33486                                                         |                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                |                                                                                                                     | 3. Mailing Address                                                                                                               |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                           |                                                                                                                     | Suite, Apt. #, etc.                                                                                                              |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                  |                                                                                                                     | City & State                                                                                                                     |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                           | Country                                                                                                             | Zip                                                                                                                              | Country                                                           |
| 4. FEI Number<br>651013459                                                                                                                                                                                                                                                                                                                    |                                                                                                                     | Applied For<br>Not Applicable                                                                                                    |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                     |                                                                                                                     | \$5.00 Additional Fee Required                                                                                                   |                                                                   |
| 6. Name and Address of Current Registered Agent<br>RODELL, SUSAN P<br>801 MEADOWS ROAD<br>114<br>BOCA RATON, FL 33486                                                                                                                                                                                                                         |                                                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL 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                                                                                                                                                                                                                                                   |                                                                                                                     | DATE 1/10/05                                                                                                                     |                                                                   |
| Filing Fee is \$50.00<br>Due by May 1, 2005                                                                                                                                                                                                                                                                                                   |                                                                                                                     | Make check payable to<br>Florida Department of State                                                                             |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                  |                                                                                                                     | 10. ADDITIONS/CHANGES                                                                                                            |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                | MGRM<br>RODELL, SUSAN P M.D.<br>801 MEADOWS ROAD, SUITE 114<br>BOCA RATON, FL 33486 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied herein is true and correct 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 606, Florida Statutes. |                                                                                                                     |                                                                                                                                  |                                                                   |
| SIGNATURE:                                                                                                                                                                                                                                                 |                                                                                                                     | DATE 1/10/05                                                                                                                     |                                                                   |

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