2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000012051

1. Entity Name
SURFSIDE AZURE, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 10 AM 10:19

Principal Place of Business	Mailing Address
169 E FLAGLER ST, STE 1600 MIAMI, FL 33131	169 E FLAGLER ST, STE 1600 MIAMI, FL 33131

03012005 Chg-LLC CR2E083 (10/03)

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 — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARRIS, ELLIOTT 111 SW 3RD ST, 6TH FLOOR MIAMI, FL 33130	Name Street Address (P.O. Box Number is Not Acceptable) City **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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SURFSIDE ASSETS, LTD. 169 EAST FLAGLER STREET, SUITE 1600 MIAMI, FL 33131	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT JUDITH LINDENFELD 169 E. FLAGLER ST. #1600 MIAMI, FL. 33131	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY DANYA LINDENFELD 169 E. FLAGLER ST. #1600 MIAMI, FL. 33131	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400048831424 03/22/05--01012--018 **150.00	[ ] Change [ ] Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition

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: _____ **Danya Lindenfeld** 3/1/05 3053743677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #