### 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT # L04000029712

1. Entity Name

SUROCO INVESTMENTS - TAMPA, L.L.C.



FILED Jan 23, 2006 08:00 AN Secretary of State

Principal Place of Business

8284 VICO COURT SARASOTA, FL 34240 Mailing Address

8284 VICO COURT SARASOTA, FL 34240



01182006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-0918528 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CHAPNICK, BRUCE P ESQ. C/O ICARD, MERRILL, ET AL 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237

# 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 table if applicable (NOTE Registered Agent signature required what refinstating)

DATE

#### Filing Fee is \$50.00 Due by May 1, 2006

| g. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| IITLE NAME STREET ADDRESS CITY-ST-ZIP          | MGR<br>SUTTER, STEPHEN F<br>8284 VICO CT<br>SARASOTA, FL 34240                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>SUTTER, MELINDA D<br>8284 VICO CT<br>SARASOTA, FL 34240                     |
| 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          | certify that the information supplied with this filling does not qualify for the e |

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## DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.

OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Dayılma Phone #