

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033659

FILED
Jan 03, 2006
Secretary of State

Entity Name: SURETU, LLC

Current Principal Place of Business:

2250 JENKS AVENUE
PANAMA CITY, FL 32401 US

New Principal Place of Business:

Current Mailing Address:

2250 JENKS AVENUE
PANAMA CITY, FL 32401 US

New Mailing Address:

FEI Number: 20-1075018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INGRAM, MICHAEL A
2250 JENKS AVENUE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: INGRAM, MICHAEL A
Address: 2250 JENKS AVENUE
City-St-Zip: PANAMA CITY, FL 32401 US

Title: MGR () Delete
Name: WOLF, MARK J
Address: 3105 ISLAND VIEW CIRCLE
City-St-Zip: PANAMA CITY, FL 32405 US

Title: MGR () Delete
Name: RAMIE FAMILY LIMITED, PARTNERSHIP
Address: 212 UNIT C EAST BALDWIN ROAD
City-St-Zip: PANAMA CITY, FL 32405 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: RAMIE FAMILY LIMITED, PARTNERSHIP
Address: 2857 TUPELO DR
City-St-Zip: PANAMA CITY, FL 32405 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL INGRAM

MGRM

01/03/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date