

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000039391

1. Entity Name
SUROVEK PROPERTIES, LLC



Principal Place of Business
**349 WORTH AVE
8 VIA PARIGI
PALM BEACH, FL 33480-4671**

Mailing Address
**349 WORTH AVE
8 VIA PARIGI
PALM BEACH, FL 33480-4671**



04212006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0375378

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SUROVEK, JOHN H
349 WORTH AVENUE
8 VIA PARIGI
PALM BEACH, FL 33480**

**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, 2006**

U00000561451
05/19/06-80012-021 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SUROVEK, JOHN H
STREET ADDRESS	349 WORTH AVE, 8 VIA PARIGI
CITY- ST- ZIP	PALM BEACH, FL 334804671

TITLE	
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CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

John H. Surovek
John H. Surovek

5/1/06
5/1/06

561-832-0420
561-832-0420

Date

Daytime Phone #