
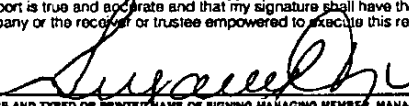


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90296 049 ****55.00

DOCUMENT # L04000041169			
1. Entity Name SUFRE INVESTMENTS LLC			
Principal Place of Business 607 OCEAN DRIVE APT 5K KEY BISCAYNE, FL 33149-2319 US		Mailing Address 607 OCEAN DRIVE APT 5K KEY BISCAYNE, FL 33149-2319 US	
2. Principal Place of Business 611 OCEAN DRIVE Suite, Apt. #, etc. APT #9-F		3. Mailing Address 611 OCEAN DRIVE Suite, Apt. #, etc. APT 9-F	
City & State KEY BISCAYNE, FL 33149		City & State KEY BISCAYNE, FL 33149	
Zip	Country	Zip	Country
4. FEI Number 59-2354705		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SANCHEZ, FRED J JR 8340 SW 91 STREET MIAMI, FL 33156		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ERNESTO GREYRE & SUZANNE P REVOCABLE TRUST 607 OCEAN DRIVE #5K KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	611 OCEAN DRIVE APT #9-F KEY BISCAYNE, FL 33149 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANCHEZ, FRED J JR 8340 SW 91 STREET MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 2-3-06 305951-6575	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	



ATTACHMENT
20025402

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2006

SUFRE INVESTMENTS LLC
611 OCEAN DRIVE
APT #9-F
KEY BISCAYNE, FL 33149-2319 US

Subject: SUFRE INVESTMENTS LLC

Reference Number:

L04000041169

2/14/06
P/S fixed check
#1004 for \$55.00
for fee & status
Report

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed annual report/uniform business report is \$50.00. If a certificate of status is desired, please add an additional \$5.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MS
ANNUAL REPORTS SECTION