2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2008
Secretary of State

DOCUMENT# L04000086780

Entity Name: SURF, L.L.C.

Current Principal Place of Business:

4980 SABAL LAKE CIRCLE
SARASOTA, FL 34238

New Principal Place of Business:

458 WALLS WAY
OSPREY, FL 34229

Current Mailing Address:

4980 SABAL LAKE CIRCLE
SARASOTA, FL 34238

New Mailing Address:

458 WALLS WAY
OSPREY, FL 34229

FEI Number: 20-1947546 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PITCHFORD, JAN W
240 SOUTH PINEAPPLE AVENUE, 10TH FLOOR
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

PITCHFORD, JAN W
458 WALLS WAY
OSPREY, FL 34229 US

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: 02/12/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FEZZA, JOHN P MD
Address: 4980 SABAL LAKE CIRCLE
City-St-Zip: SARASOTA, FL 34238

Title: MGR ( ) Delete
Name: FEZZA, HEIDI H
Address: 4980 SABAL LAKE CIRCLE
City-St-Zip: SARASOTA, FL 34238

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FEZZA, JOHN P MD
Address: 458 WALLS WAY
City-St-Zip: OSPREY, FL 34229

Title: MGR (X) Change ( ) Addition
Name: FEZZA, HEIDI H
Address: 458 WALLS WAY
City-St-Zip: OSPREY, FL 34229

I hereby certify that the information supplied with this filing does not qualify 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: JOHN P FEZZA MM 02/12/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date