## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000091423

## FILED Apr 04, 2005 8:00 am Secretary of State 04-04-2005 90428 015 \*\*\*\*50.00

SERURE REAL ESTATE INVESTMENTS, LLC				
Principal Place of Business  % BOTSFORD & WHITE, LLC 3595 SHERIDAN STREET, SUITE 208 HOLLYWOOD, FL 33021  Mailing Address 1508 BAY ROAD, UNIT #15 MIAMI BEACH, FL 33139				
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03282005 Chg-LLC CR2E083 (10/03)
City & State	" . Ci	ity & State I Am / BEACH,	K	4. FEI Number Applied For Not Applied able
Zíp . Countr	y Zi	33141	Country USA	5. Certificate of Status Desired S5.00 Additional Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name				
BOTSFORD, BRUCE ESQ. BOTSFORD & WHITE, LLC				s (P.O. Box Number is Not Acceptable)
3595 SHERIDAN STREET, SUITE 208 HOLLYWOOD, FL 33021				
of the second		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 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, 2005			Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		NAGERS	10.	ADDITIONS/CHANGES
TITLE MGRM  NAME SERURE, JACOB  STREET ADDRESS 1508 BAY ROAD, CITY-ST-ZIP MIAMI BEACH, FL		☐ Delete	TITLE NAME STREET AODRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP		_	CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-2IP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add/tion
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with the filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and real 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.  SIGNATURE:  SIGNATURE:  SIGNATURE:  Date of the printing NAME OF SIGNING MANAGING MEMBER MANAGER OF AUTHORIZED REPRESENTATIVE.				