

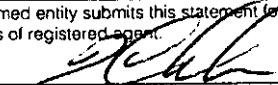
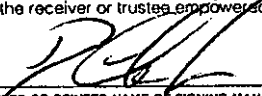


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 13 AM 9:24

DOCUMENT # L04000092778					
1. Entity Name SURTI, LLC					
Principal Place of Business 209 MIRACLE STRIP PARKWAY S.W. FORT WALTON BEACH, FL 32548 US			Mailing Address 209 MIRACLE STRIP PARKWAY S.W. FORT WALTON BEACH, FL 32548 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06292005 Chg-LLC CR2E083 (10/03)	
City & State		City & State		4. FEI Number 37-1501687	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DOWD, JOHN R JR 285 HIGHWAY 98 EAST SUITE A DESTIN, FL 32541			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 				DATE 10/30/05	
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHAUHAN, DHANSUKH 209 MIRACLE STRIP PARKWAY S.W. FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700061253587 11/08/05--01035--001 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700061253587 12/13/05--01042--010 **100.00
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	REINSTATEMENT 2005
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 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 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 10/30/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	