


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 11, 2006 08:00 AM**  
**Secretary of State**

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
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07032006No Chg-LLC CR2E083 (11/05)

4. FEI Number 37-1501687	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

DOWD, JOHN R JR  
 285 HIGHWAY 98 EAST  
 SUITE A  
 DESTIN, FL 32541

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by September 8, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHAUHAN, DHANSUKH 209 MIRACLE STRIP PARKWAY S.W. FORT WALTON BEACH, FL 32548
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 07/11/06-80029-025 55.00

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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:  7/4/06 850-244-5137 EXT 101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #