

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2007 8:00 am
Secretary of State

02-02-2007 90037 041 ****50.00

DOCUMENT # L05000000798 1. Entity Name SURFSIDE, LLC	
--	---

Principal Place of Business 151A BRISTOL LANE NAPLES, FL 34112 US	Mailing Address P.O. BOX 8863 NAPLES, FL 34101
---	--

DO NOT WRITE IN THIS SPACE



01192007No Chg-LLC

CR2E083 (11/06)

4. FEI Number 34-2030241	Applied For ☐ Not Applicable
------------------------------------	--

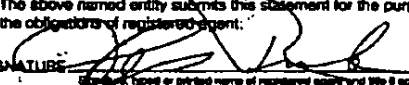
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
---	---

8. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

9. 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:  *Member agency* **01/17/07**
(NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

B. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARIANI, RICHARD A 151A BRISTOL LANE NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUBIAN, THOMAS 151A BRISTOL LANE NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:
