

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068100

Entity Name: SURE-MART LLC

FILED  
Apr 30, 2007  
Secretary of State

**Current Principal Place of Business:**

6855 LYONS TECHNOLOGY CIRCLE  
SUITE 1 & 2 - LYONS TECH VI  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 880088  
BOCA RATON, FL 33488 US

**New Mailing Address:**

FEI Number: 20-3128515

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCRENCI, STEPHEN W  
3200 N. MILITARY TRAIL  
SUITE 200  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

KLUGER, PERETZ, KAPLAN & BERLIN P.L.  
201 SOUTH BISCAYNE BOULEVARD  
SUITE 1700  
MIAMI, FL 33131 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: JORGE ESPINOSA, MEMBER

04/30/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GERBER, BILL  
Address: PO BOX 880088  
City-St-Zip: BOCA RATON, FL 33488 US

Title: MGR ( ) Delete  
Name: ORLOWSKY, SCOTT  
Address: PO BOX 880088  
City-St-Zip: BOCA RATON, FL 33488 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BILL GERBER

MGRM

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date