


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90071 013 ***143.75

DOCUMENT # L06000004880	
1. Entity Name SURFSIDE ONE, LLC.	

Principal Place of Business 104 CRANDON BLVD. SUITE 401 KEY BISCAYNE, FL 33149	Mailing Address 104 CRANDON BLVD. SUITE 401 KEY BISCAYNE, FL 33149
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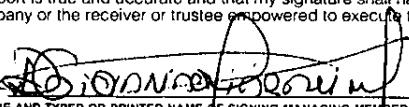
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent	
ROTH, THOMAS 201 CRANDON BLVD. APT. 804 KEY BISCAYNE, FL 33149	

7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROTH, THOMAS 201 CRAVOON BLVD 204 MIAMI BEACH, FL 33109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROTH THOMAS 201 CRANDON BLVD. 204 KEY BISCAYNE FL 33149
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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:  MANAGING MEMBER 2-7-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	