2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT



DOCUMENT # L06000004880 02-14-2008 90071 013 ***143.75 SURFSIDE ONE, LLC. EUUUTOUR Principal Place of Business Mailing Address 104 CRANDON BLVD. 104 CRANDON BLVD. SUITE 401 SUITE 401 KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01312008 Chg-LLC CR2E083 (12/06) 4. FEI Number City & State City & State Applied For 20-4128535 Not Applicable Zip Country Zin Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Nama and Address of New Registered Agent ---6. Name and Address of Current Registered Agent ROTH, THOMAS Street Address (P.O. Box Number is Not Acceptable) 201 CRANDON BLVD. APT. 804 KEY BISCAYNE, FL 33149 Zip Code F۱ 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, typed or printed name of registered agent and title if agnificable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MORM THOMAS

MORM

MORM TITLE MGRM ☐ Delete TITLE Change notithba ROTH, THOMAS NAME NAME STREET ADDRESS 201 CRAVOON BLVD 204 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33109 CITY-ST-ZIP Key Diocame TL 33149 TITLE ☐ Delete TITLE 🗋 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition

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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

MANAGING MERABER ER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY+ST-ZIP

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

Change

Davtime Phone #

☐ Addition