FILED Feb 20, 2007 8:00 am Secretary of State

2007 LIMITED LIABILITY COMPA ANNUAL REPORT	NY
	T

ANNUAL REPURT					Secretary of State					
DOCUMENT # L9900007922 1. Entity Name SUERTE ENTERPRISES, L.L.C.							02-20-2007	_		
D. i. ala al Dia a	(0 :-i	A de Illin e A ele	4							
Principal Place of Business Mailing Address										
10935 SE 177TH PLACE 10935 SE 177TH PLACE #305										
SUMMERFIELD, FL 34491 SUMMERFIELD, FL 34491			1		 		 	IE IBITA IIBID IIB	121 EU ION	
Principal Place of Business - No P.O. Box # 3. Mailing Address										
Suite, Apt. #, etc. Suite, Apt. #, etc.			t. #, etc.			01262007	Chg-LLC	CR2E08	33 (12/06)	
City & State City & State					4. FEI Numbe 59-361				plied For t Applicable	
Zip	Country	Zip	Zip Count			5. Certificate	of Status Desired		\$5.00 Add ee Required	
	6. Name and Address of (Current Registered Ag	ent			7. Name and	Address of New R	egistered A	gent	
FIDET AM	EDICAN INTERNATION	AL INC		Name						
FIRST AMERICAN INTERNATIONAL, INC. 10935 SE 177TH PLACE #305 SUMMERFIELD, FL 34491			Street A	Street Address (P.O. Box Number is Not Acceptable)						
				City					Zip Code	9
								FL		
	named entity submits this state tions of registered agent.	ement for the purpose o	of changing its re	gistered office or	register	red agent, or bot	h, in the State of Flo	orida. I am f	amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of register	ered agent and title if applicable.	(NOTE: R	egistered Agent signatu	ire required	d when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007								e check pa a Departme	ayable to ent of State	•
9.	MANAGING	MEMBERS/MANAGER	RS	10.			ADDITIONS	CHANGES		
TITLE	MGRM		☐ Delete	TITLE					Change	☐ Addition
NAME	1			NAME	20	on wests	59418t			
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	Cha	unes Mi	5948t min KS	6620	18	
TITLE	MGRM		☐ Delete	TITLE	014	w/mc/		DDD	☐ Change	☐ Addition
NAME	LANE, GLENN E		The refe	NAME					Change	[] Addition
STREET ADDRESS				STREET ADDRESS						
CITY-ST-ZIP	SUMMERFIELD, FL 34491			CITY-ST-ZIP						
TITLE		İ	☐ Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS				NAME STREET ADDRESS						
CITY-ST-ZIP				CITY-ST-ZIP						
TITLE			☐ Delete	TITLE		··			☐ Change	Addition
NAME				NAME						
STREET ADDRESS				STREET ADDRESS						
CITY-ST-ZIP				CITY-ST-ZIP						
TITLE NAME			☐ Delete	TITLE NAME					☐ Change	☐ Addition
STREET ADDRESS				STREET ADDRESS						
CITY-ST-ZIP				CITY-ST-ZIP						
TITLE			☐ Delete	TITLE			**		☐ Change	Addition
NAME				NAME CTOSST ADORSON						
STREET ADORESS CITY-ST-ZIP				STREET ADORESS CITY-ST-ZIP						
	cortifu that the information according	aliad with this Glips door	ant quality for the		ntained	in Chapter 110	Elorida Statutas 14	uthor postif	that the left	ematics
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 execute this report as required by Chapter 608, Florida Statutes.										
SIGNATURE / MIN COM Glenn Elane, Managing Member 1/29/07 352 245,5090										
SIGNATURE / CANA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) Date Despiring Prome #										