2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # M98000000047

1. Entity Name
SURFCOMBER MELBOURNE ASSOCIATES, LLC

Principal Place of Business	Mailing Address
C/O MIRMELLI 100 SE 2ND ST SUITE 2600 MIAMI, FL 33131	C/O MIRMELLI 100 SE 2ND ST SUITE 2600 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

01202004No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0800761

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MIRMELLI, STEWART M ESQ
C/O MIRMELLI
100 SE 2ND ST SUITE 2600
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR
NAME	SURFCOMBER MELBOURNE MANAGEMENT, INC.
STREET ADDRESS	100 S.E. 2ND ST., SUITE 2600
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 1-20-04 (305) 379-6424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #