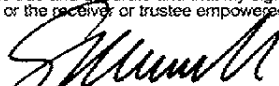


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M98000000047		
1. Entity Name SURFCOMBER MELBOURNE ASSOCIATES, LLC		
Principal Place of Business C/O MIRMELLI 100 SE 2ND ST SUITE 2600 MIAMI, FL 33131		Mailing Address C/O MIRMELLI 100 SE 2ND ST SUITE 2600 MIAMI, FL 33131
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MIRMELLI, STEWART M ESQ C/O MIRMELLI 100 SE 2ND ST SUITE 2600 MIAMI, FL 33131		
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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2004		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SURFCOMBER MELBOURNE MANAGEMENT, INC. 100 S.E. 2ND ST., SUITE 2600 MIAMI, FL 33131	
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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)(f), 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 #		



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

**DO NOT WRITE
IN THIS SPACE**

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IN THIS SPACE**