2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2007 08:00 A
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 2650 MIAMI, FL 33131	C/O MIRMELLI 100 SE 2ND ST SUITE 2650 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

01082007 No Chg-LLC CR2E083 (11/05)

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 2650
MIAMI, FL 33131

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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, 2007

000000585458
01/16/07-80013-013 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	SURFCOMBER MELBOURNE MANAGEMENT, INC.
STREET ADDRESS	100 S.E. 2ND ST., SUITE 2650
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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 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: _____ 1-8-07 305-379-6424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #