2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State
04-30-2008 90017 034 ***138.75

DOCUMENT # M98000000047

1. Entity Name
SURFCOMBER MELBOURNE ASSOCIATES, LLC

Principal Place of Business	Mailing Address
C/O MIRMELLI 100 SE 2ND ST SUITE ~~2650~~ 2610 MIAMI, FL 33131	C/O MIRMELLI 100 SE 2ND ST SUITE ~~2650~~ 2610 MIAMI, FL 33131

S0004967

03032008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. SUITE 2610	Suite, Apt. #, etc. SUITE 2610
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
MIRMELLI, ~~STEWART M ESQ~~ SHMUEL C/O MIRMELLI 100 SE 2ND ST SUITE ~~2650~~ 2610 MIAMI, FL 33131	Name SHMUEL MIRMELLI Street Address (P.O. Box Number is Not Acceptable) SUITE 2610 City FL Zip Code

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 Shmuel Mirmelli 4-28-08
Signature, typed or printed name of registered agent and title if applicable. (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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete SURFCOMBER MELBOURNE MANAGEMENT, INC. 100 S.E. 2ND ST., SUITE ~~2650~~ 2610 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition SUITE 2610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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.

SIGNATURE: [signature] 4-28-08 786 837-6936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #