2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000016650

1. Entity Name

CLOUDFEET, LLC

Principal Place of Business	Mailing Address
91495 OVERSEAS HIGHWAY TAVERNIER FL 33070	P.O. BOX 677 TAVERNIER FL 33070

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 22-3857074 — 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
CLAUSSEN, KENNETH F 91495 OVERSEAS HIGHWAY TAVERNIER FL 33070	Name: Charles E. Wightman Street Address (P.O. Box Number is Not Acceptable) 91495 Overseas Highway City: Tavernier FL Zip Code: 33070

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 _(signed)_   DATE 2/12/03

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
Agent	Kenneth F. Claussen	91495 Overseas Highway	Tavernier, FL. 33070	☒ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
Member	Charles E. Wightman	91495 Overseas Highway	Tavernier, Fl. 33070	☐ Change	☒ Addition
Member	Carolyn T. Wightman	91495 Overseas Highway	Tavernier Fl. 33070	☐ Change	☒ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition

CR2E083 (10/02)

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 _(signed)_ SIGNATURE REQUIRED   Date 2/12/03   Daytime Phone # 305-852-5452

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE