2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 02, 2004 8:00 am
Secretary of State

04-30-2004 90080 045 ****50.00

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1. Entity Name
HAVING FUN, LLC

Principal Place of Business
444 SEABREEZE BLVD., STE. 990
DAYTONA BEACH, FL 32118

Mailing Address
444 SEABREEZE BLVD., STE. 990
DAYTONA BEACH, FL 32118

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 900		Suite, Apt. #, etc. 900	
City & State		City & State	
Zip	Country	Zip	Country

06292004 Chg-LLC CR2E083 (10/03)

4. FEI Number 57-1169187 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOOD, CHARLES D JR
444 SEABREEZE BLVD., STE. 990
DAYTONA BEACH, FL 32118

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite 900

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 ______________________________ 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 September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HOOD, CHARLES D JR		NAME		
STREET ADDRESS	444 SEABREEZE BLVD., STE. 990		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32118		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Charles D. Hood, Jr. June 29, 2004 386-254-6875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #