2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90109 029 ****50.00

0004166

DOCUMENT # M02000002663

1. Entity Name
MOBILE HATTERAS, LLC

Principal Place of Business	Mailing Address
4036 DRIFTING SANDS TRIAL DESTIN FL 32541	4036 DRIFTING SANDS TRIAL DESTIN FL 32541

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
737 Hwy 98 E, Ste. 1	737 Hwy 98 E
Suite, Apt. #, etc.	Suite, Apt. #, etc. Ste. 1
City & State: Destin, FL	City & State: Destin, FL
Zip: 32541 Country: USA	Zip: 32541 Country: USA

4. FEI Number 47-0875925 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

JUNG, ERIC C
4036 DRIFTING SANDS TRIAL
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 737 Hwy 98 E, Ste. 1
City Destin FL Zip Code 32541

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] Manager — DATE 4-18-03
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			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JUNG, ERIC C		NAME		
STREET ADDRESS	27212 MARINE ROAD		STREET ADDRESS		
CITY-ST-ZIP	ORANGE BEACH AL 36561		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BARTON, HOWARD		NAME		
STREET ADDRESS	27212 MARINE ROAD		STREET ADDRESS		
CITY-ST-ZIP	ORANGE BEACH AL 36561		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
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E063 (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: SIGNATURE REQUIRED [signature] Manager — 4-18-03 — (251) 980-222(
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #