AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003115

1. Entity Name

KAYAK ADVENTURES LLC

FILED
01 MAY 24 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address
3120 Dowling Drive,
Tallahassee, FL 32308-2109

2. Principal Place of Business		3. Mailing Address	
413 2ND ST. S.		413 2ND ST. S.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: JACKSONVILLE BEACH, FL		City & State: JAX. BCH. FL	
Zip: 32250	Country: USA	Zip: 32250	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number — ☐ Applied For ☑ Not Applicable

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

6. Name and Address of Current Registered Agent

WALTER BUNSO
3120 DOWLING DRIVE
TALLAHASSEE, FL 32308-2109

7. Name and Address of New Registered Agent

Name: WALTER BUNSO III
Street Address (P.O. Box Number is Not Acceptable): 413 2ND ST. S.
City: JACKSONVILLE BEACH 32250 FL Zip Code 32250

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.

SIGNATURE [signature] 5/22/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE	MANAGER	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WALTER BUNSO		NAME		
STREET ADDRESS	3120 DOWLING DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32308-2109		CITY-ST-ZIP		
TITLE	PRESIDENT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WALTER BUNSO III		NAME	100004419891---8	
STREET ADDRESS	413 2ND ST. S.		STREET ADDRESS	-06/14/01--01061--023	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		CITY-ST-ZIP	****50.00 ****50.00	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (11/00)

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] WALTER BUNSO III 5/22/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #