

## 0011116 AF

CR2E083 (11/00)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # 1. Entity Name <b>FAT TIRE TRAVELER, L.L.C.</b>		L00000014398	
Principal Place of Business <b>20820 SAN SIMEON TH 29G NORTH MIAMI BEACH FL 33179</b>		Mailing Address <b>20820 SAN SIMEON TH 29G NORTH MIAMI BEACH FL 33179</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
6. Name and Address of Current Registered Agent <b>ROSEN, MARK 20820 SAN SIMEON TH 29G NORTH MIAMI BEACH FL 33179</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is not acceptable) City	
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSEN, MARK 20820 SAN SIMEON TH 29G NORTH MIAMI BEACH FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHARD P. KINNLEY II 2880 N. OAKLAND FOREST DR. #106 OAKLAND PARK, FL 33309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RENNINGER, BILL 699 NE 50TH TERRACE MIAMI FL 33137 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM George Feliciano Jr. 5420 Cordana Dr. Coral Gables, FL 33146 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCGLINCY, SEAMUS 4964 SW 44TH AVENUE DANIA FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM McGlinchey, Seamus 4964 SW 44th Ave Dania, FL 33312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUTAR, JOHN 312 OAK STREET HOLLYWOOD FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Sutar, John 312 Oak Street Hollywood, FL 33019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>[Signature]</u> JOHN SOUTAR		Date: 2/15/01 Daytime Phone #: 954 331-4795	