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May 05, 2003 8:00 am
Secretary of State
05-05-2003 90694 023 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000002392

1. Entity Name
RUBBER DUCKY L.L.C.

Principal Place of Business	Mailing Address
4711 CHARLENE LA NEW PORT RICHEY, FL 34652	4711 CHARLENE LA NEW PORT RICHEY, FL 34652

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	RUBBER DUCKY LLC
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. BOX 3822
City & State	City & State HOLIDAY, FL. 34690
Zip / Country	Zip / Country

4. FEI Number 59-3701148 ☐ 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
CHOCO, KENNETH B 289 ORANGE ST. OZONA, FL 34660	Name Street Address (P.O. Box Number is Not Acceptable) 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 Kenneth B. Choco 5/1/03
Signature, typed or printed name of registered agent and title if applicable. (MORE: Registered Agent signature required when changing) DATE

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CHOCO, KENNETH B 289 ORANGE ST OZONA, FL 34660	☐ Delete	MGR KENNETH B. CHOCO 4711 CHARLENE LANE NEW PORT RICHEY, FL. 34652	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR AAREN, JOHN J 1418 W. JACKSON HILL CT LECANTO, FL 34461	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Kenneth B Choco 5/1/03
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #