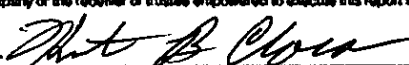


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90694 023 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000002392			
1. Entity Name RUBBER DUCKY LLC			
Principal Place of Business 4711 CHARLENE LA NEW PORT RICHEY, FL 34652		Mailing Address 4711 CHARLENE LA NEW PORT RICHEY, FL 34652	
2. Principal Place of Business		3. Mailing Address RUBBER DUCKY LLC PO Box 3822 HOLIDAY, FL 34690	
Suite, Apt. #, etc.		City & State	
City & State		4. FEI Number 59-3701148	
Zip		Country	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CHOCO, KENNETH B 289 ORANGE ST. OZONA, FL 34660		7. Name and Address of New Registered Agent	
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, to be typed (printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when changing)			
			
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Kenneth B. Choco ☒ Change ☐ Addition 4711 CHARLENE LA New Port Richey, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AAREN, JOHN J 1418 W. JACKSON HILL CT LECANTO, FL 34461 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 606, Florida Statutes. SIGNATURE:  5/1/03 SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

CH2ED63 (10/02)