2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000018509

1. Entity Name
BIG KAHUNA AUTO BROKERS LLC

FILED

03 APR 30 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700014756187
04/30/03--01050--028 **50.00

Principal Place of Business	Mailing Address
7054 N. PALAFOX ST PENSACOLA, FL 32503	2999 GULF BREEZE PKWY GULF BREEZE, FL 32563

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2999 Gulf Breeze PKwy	
Suite, Apt. #, etc. #B	Suite, Apt. #, etc. #B
City & State Gulf Breeze, FL	City & State
Zip 32563 Country Santa Rosa	Zip Country

4. FEI Number
59-3751959
☐ 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
TROUT, CASEY D 602 PANFERIO DR PENSACOLA BEACH, FL 32561	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 Casey Trout CASEY TROUT 4/16/03
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

FILING FEE: $52.50
Make Check Payable to: Florida Department of State
Due By: May 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WHITE, DAVID A 1401 MALDONADO DR PENSACOLA BEACH, FL 32561	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition ~~04/30/03--01050--028 **50.00~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CUTTER, MARK S 1401 MALDONADO DR PENSACOLA BEACH, FL 32561	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MEANS, SCOTT A 800 FT. PICKENS RD #401 PENSACOLA BEACH, FL 32561	☐ 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

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: D. White David White 4/16/03 850-393-1884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #