


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90234 039 *****50.00

DOCUMENT # L02000000451 1. Entity Name FUNNY CARS, L.L.C.					
Principal Place of Business 14 VIA DE LUNA PENSACOLA BEACH, FL 32561 US			Mailing Address 14 VIA DE LUNA PENSACOLA BEACH, FL 32561 US		
2. Principal Place of Business 5 Via de Luna Suite, Apt. #, etc. H		3. Mailing Address PO Box 1594 Suite, Apt. #, etc.			
City & State Pensacola Beach, FL		City & State Gulf Breeze, FL		4. FEI Number 01-0568598	
Zip 32561		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, KEVIN RAY 1462 TIGER LAKE DRIVE GULF BREEZE, FL 32563			7. Name and Address of New Registered Agent Name Kevin Ray Johnson Street Address (P.O. Box Number is Not Acceptable) 3516 Southwind Dr. City Gulf Breeze FL Zip Code 32563		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, KEVIN RAY 14 VIA DE LUNA PENSACOLA BEACH, FL 32561 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5 Via de Luna Suite H	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, KAREN MARIE 14 VIA DE LUNA PENSACOLA BEACH, FL 32561 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5 Via de Luna Suite H	
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	
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: <i>Kevin Johnson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			7/13/04 <small>Date</small>		850 9324949 <small>Daytime Phone #</small>