

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

01-10-2003 90003 030 ****50.00

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

DOCUMENT # L02000000451

1. Entity Name
FUNNY CARS, L.L.C.



Principal Place of Business Mailing Address

#12 VIA DE LUNA #12 VIA DE LUNA
#402 #402
PENSACOLA BEACH FL 32561 PENSACOLA BEACH FL 32561

2. Principal Place of Business 3. Mailing Address

14 Via de Luna 14 Via de Luna

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Pensacola Beach, Fl. Pensacola Beach, Fl

Zip Country Zip Country

32561 Escambia 32561 Escambia




CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For

01-0568598 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, KEVIN RAY
3241 BIRDSEYE CIR
GULF BREEZE FL

7. Name and Address of New Registered Agent

Name Johnson, Kevin Ray

Street Address (P.O. Box Number is Not Acceptable)

1462 Tiger Lake Drive

City State Zip Code

Gulf Breeze FL 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 *Kevin Johnson* DATE 1-3-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
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	MGR JOHNSON, KEVIN RAY #12 VIA DE LUNA #402 PENSACOLA BEACH FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14 ViadeLuna Pensacola Beach, Fl. 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, KAREN MARIE #12 VIA DE LUNA #402 PENSACOLA BEACH FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14 Via de Luna Pensacola Beach, Fl. - 32561
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: *W SIGNATURE REQUIRED* DATE 1-3-03 DAYTIME PHONE # 850-932-4949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)