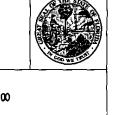
2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0200006073

1. Entity Name

GONE SURFING DESIGN, L.L.C.

SIGNATURE:



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

05-05-2003 91812 001 *****5.00 05-05-2003 91812 002 ****50.00

Principal Plac	e of Business	Mailing Address				
1530 COLLINS AVE SUITE 100 MIAMI BEACH FL 33139		1530 COLLINS AVE SUITE 100 MIAMI BEACH FL 33139				
2. Principal P	lace of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required		
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent		
	OTE DE1701714 FAA		Name			
CAPOTE, BEATRIZ M ESQ. 799 BRICKELL PLAZA, SUITE 700 MIAMI FL 33131			Street Addres	ddress (P.O. Box Number is Not Acceptable)		
			City	□		
				<u> </u>	 .	
	named entity submits this statement to ions of registered agent.	for the purpose of changing i	its registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, an	d accept	
SIGNATURE .						
	Signature, typed or printed name of registered ager	T	DTE: Registered Agent signature requi			
			NOW!!!_FEE.IS_\$50.0			
<u>(m)</u>	•		ble to Florida Departm ue By May 1, 2003	nent of State	1	
9.	MANAGING MEMB		10.	ADDITIONS/CHANGES		
TITLE	MGR	☐ Defete	TITLE		Addition	
NAME	GABRIEL, ERIC		NAME		j	
STREET ADDRESS (CITY-ST-ZIP	841 COLLINS AVENUE MIAMI BEACH FL 33139		STREET ADDRESS (CITY-ST-ZIP		ţ	
TITLE	MIAMI DEACH FL 33139	☐ Delete	TITLE	☐ Change [Addition	
NAME	}		NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		}	
TITLE		☐ Delete	TITLE	☐ Change		
NAME		□ Delete	NAME	Ollange [
STREET ADDRESS	ė.		STREET ADDRESS		}	
CITY-ST-ZIP.			CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE NAME	Change [Addition	
STREET ADDRESS			STREET ADDRESS		[
CITY-ST-ZIP) 		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	Change [Addition	
NAME STREET ADDRESS	e. ~ ; ~ .		NAME STREET ADDRESS		}	
CITY-ST-ZIP			CITY-ST-ZIP		Ì	
TITLE	p 2	☐ Delete	TITLE	☐ Change [Addition	
NAME			NAME STREET ADDRESS		ļ	
STREET ADDRESS CITY-ST-ZIP	j		STREET ADDRESS CITY-ST-ZIP		į	
	certify that the information supplied wit	th this filing does not qualify t		Section 119.07(3)(i), Florida Statutes. I further certify that the info	rmation	
indicatéd	on this report is true and accurate an bility company or the receiver or truste	d that my signature shall hav	e the same legal effect as i	if made under oath; that I am a managing member or manager o	if the	

OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #