


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90067 030 \*\*\*\*50.00

<b>DOCUMENT # L02000007956</b>	
1. Entity Name <b>ALL WET SPORTS LLC.</b>	

Principal Place of Business <b>3505-6 SOUTHSIDE BLVD JACKSONVILLE FL 32216</b>	Mailing Address <b>3505-6SOUTHSIDE BLVD JACKSONVILLE FL 32216</b>
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2. Principal Place of Business <b>8550 Beach Blvd.</b>	3. Mailing Address <b>8550 Beach Blvd.</b>
Suite, Apt. #, etc. <b>Jax, FL</b>	Suite, Apt. #, etc. <b>Jax, FL</b>
City & State <b>32206</b>	City & State <b>32206</b>
Zip <b>32206</b>	Country
Zip <b>32206</b>	Country

1st MOORE CR2E083 (10/05)

4. FEI Number <b>03-0434892</b>		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>FRADEN, ANDREW B 3505-6SOUTHSIDE BLVD JACKSONVILLE FL 32216</b>		7. Name and Address of New Registered Agent <b>new 8550 Beach Blvd. City Jax, FL Zip Code 32206</b>	

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 Andrew B. Fraden DATE 4-14-06

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

<p align="center"><b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State.</b> <b>Due By May 1, 2006</b></p>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRADEN, ANDREW B 3505-6 SOUTHSIDE BLVD JACKSONVILLE FL 32216 <i>new address</i>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Fraden, Andrew B 8550 Beach Blvd. Jax, FL 32206	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Andrew Fraden DATE: 4-14-06 904 646 9887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE