2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Apr 19, 2007 8:00 am Secretary of State DOCUMENT # L02000007956 1. Entity Name 04-19-2007 90028 003 ****50.00 ALL WET SPORTS LLC. Principal Place of Business Mailing Address 8550 BEACH BVLD JACKSONVILLE FL 3206 8550 BEACH BVLD JACKSONVILLE FL 3206 32216 32216 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State Applied For 4. FEI Number 03-0434892 Not Applicable Zip 322/6 Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRADEN, ANDREW B Street Address (P.O. Box Number is Not Acceptable) 8550 BEACH BVLD JACKSONVILLE FL 32260 City 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. gured when reinstating FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES THE **MGRM** ☐ Delete □ Change Addition NAME FRADEN, ANDREW B NAME STREET ADDRESS STREET ADDRESS 8550 BEACH BLVD JACKSONVILLE FL 32296 CITY-ST-ZIP CITY-ST ZIP THILE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY - ST- ZIP CITY+ST-7IP 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.

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

FILED

Caytime Phone #