2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State
02-17-2004 90197 021 ***150.00

DOCUMENT # L02000020706

1. Entity Name
SOMEWHERE OVER THE RAINBOW, L.L.C.

Principal Place of Business	Mailing Address
36468 EMERALD COAST PKWY #6101 DESTIN, FL 32541	P.O. BOX 309 FORT WALTON BEACH, FL 32549

01192004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
34990 Emerald Coast Pkwy	34990 Emerald Coast Pkwy.
Suite, Apt. #, etc.: Suite 401	Suite, Apt. #, etc.: Suite 401
City & State: Destin, Florida	City & State: Destin, Florida
Zip: 32541 Country: US	Zip: 32541 Country: US

4. FEI Number: 11-3651390 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARK A. VIOLETTE, P.A. 1241 AIRPORT ROAD SUITE D DESTIN, FL 32541	Name: Craig J. Kruse Street Address (P.O. Box Number is Not Acceptable): 34990 Emerald Coast Parkway Suite 401 City: Destin FL Zip Code: 32541

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 [signature] DATE 2/11/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KRUSE, CRAIG W P.O. BOX 309 FORT WALTON BEACH, FL 32549	☐ Delete	MGRM Kruse, Craig J. 34990 Emerald Coast Pkwy. Suite 401 Destin, Florida 32541	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TOMMESONE, GERALD P.O. BOX 309 FORT WALTON BEACH, FL 32549	☐ Delete	MGRM Tommasone, Gerald 34990 Emerald Coast Pkwy. Suite 401 Destin, Florida 32541	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: [signature] 2/11/04 850-269-1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #