FILED
Jul 21, 2003 8:00 am
Secretary of State

05-05-2003 92167 014 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000020706

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

55051789

[redacted]

Principal Place of Business	Mailing Address
~~1959 WATERFORD RIDGE ROAD~~	~~1959 WATERFORD RIDGE ROAD~~
~~FORT WALTON BEACH FL 32547~~	~~FORT WALTON BEACH FL 32547~~

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.: 36468 Emerald Coast Pky		Suite, Apt. #, etc.: P.O. Box 309	
City & State: #6101 Destin, Fl.		City & State: Ft. Walton Beach, Fl.	
Zip: 32541	County: Okaloosa	Zip: 32549	County: Okaloosa

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

SIGNATURE ______________________________ DATE
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	Managing Member	TITLE	☐ Change ☐ Addition
NAME	Craig G. Rouse ☐ Delete	NAME	
STREET ADDRESS	P.O. Box 309	STREET ADDRESS	
CITY-ST-ZIP	Ft. Walton Beach, Fl. 32549	CITY-ST-ZIP	
TITLE	Managing Member ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Gerald J. Tommesone	NAME	
STREET ADDRESS	P.O. Box 309	STREET ADDRESS	
CITY-ST-ZIP	Ft. Walton Beach, Fl. 32549	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (10/02)

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 REQUIRED 4/28/03 850-269-1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #