2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 20, 2004
Secretary of State

DOCUMENT# L02000028740

Entity Name: CONCH REPUBLIC KAYAK CO. LLC

Current Principal Place of Business:

5 GEIGER RD.
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

231 GEIGER RD.
KEY WEST, FL 33040

New Mailing Address:

5 GEIGER RD.
KEY WEST, FL 33040

FEI Number: 02-0604800 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM (X) Delete
Name: BLEWETT, RICHARD J
Address: 13505 STRAW BALE LANE
City-St-Zip: GAITHERSBURG, FL 20878

Title: MGRM (X) Delete
Name: CULHANE, JAMES
Address: 231 GIGER RD.
City-St-Zip: KEY WEST, FL 33040

Title: MGRM ( ) Delete
Name: DREVENAK, JASON
Address: 231 GEIGER RD.
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: DREVENAK, JASON
Address: 5 GEIGER RD.
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JASON DREVENAK MGRM 09/20/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date