2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State 01-20-2006 90049 045 ****50.00 DOCUMENT # L03000020313 COOLA FISHBAR, LLC 40003944 Principal Place of Business Mailing Address C/O JETTY'S C/O JETTY'S 1075 A1A NORTH 1075 A1A NORTH JUPITER, FL 33477 JUPITER, FL 33477 2. Principal Place of Business 3. Mailing Address 13700 BLUE FOX PLACE Suite, Apt. #, etc. Suite, Apt. #, etc. 01122006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For ------ 41-2698730 PALM BEACH GARDENS, FL Not Applicable Zip Country \$5.00 Additional Country Zip 5. Certificate of Status Desired 33418 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAOLE JAMES K Street Address (P.O. Box Number is Not Acceptable) TAUBE, JAMES K C/O JETTY'S 1075 A1A NORTH 13706 BLUE FOX PLACE JUPITER, FL 33477 PALM BEACH GARDENS 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 arm familiar with, and accept the obligations of registered agent. SIGNATURE 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, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM Change ☐ Addition TITLE ☐ Delete TITLE MGRM TAUBE, JAMES K NAME NAME TAUBE, JAMEK 13700 BLUE FOX PLACE PALM BEACH GARDELS, FL. 33418 1075 A1A NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33477 CITY-ST-ZIP TITLE MGRM Delete mean ☐ Addition TAUBY, DEBORAH LOW TAUBE, DEBORAH LOU NAME NAME 13700 BLUE FUX PLACE 1075 A1A NORTH STREET ADDRESS STREET ADDRESS PALM BEACH GALDENS, FL. 33418 JUPITER, FL 33477 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ 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 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

11. I hereby certify that the information supplied with this tiling does not qualify for the exemptions contained in Chapter 119, Fforida 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-12.06

FILED Jan 20, 2006 8:00 am