2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L03000027151 01-14-2004 90040 016 ****50.00 GOT 2 SURF, L.L.C. Mailing Address Principal Place of Business 6902 LA JOLLA BLVD., STE, B 8064 S. HWY. A1A MELBOURNE BEACH, FL. 32951 SOLEIL 70 LA JOLLA, CA 92037 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082004 CR2E083 (10/03) Applied For City & State 4. FEI Number City & State Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name D'SOUZA, DHANA Street Address (P.O. Box Number is Not Acceptable) 8064 S. HWY. A1A MELBOURNE BEACH, FL 32951 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 Signature, typed or printed name of registered agent and title if applicable. DATE Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Change Addition MGR TITLE ☐ Defete TITLE D'SOUZA, DHANA NAME NAME 8064 S. HWY. A1A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE BEACH, FL 32951 Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Detete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 requirer or trustee expressions to execute this report as required by Chapter 608, Florida Statutes. Daytime Phone # DEMRER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Jan 14, 2004 8:00 am