

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000039867

FILED
May 04, 2008
Secretary of State

Entity Name: GREAT OUTDOORS KAYAK EXPERIENCE LLC

Current Principal Place of Business:

3 ARBOR CLUB DR
102
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

13007 CHELSEA HARBOR DR. SOUTH
JACKSONVILLE, FL 32224

Current Mailing Address:

3 ARBOR CLUB DR
102
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

13007 CHELSEA HARBOR DR. SOUTH
JACKSONVILLE, FL 32224

FEI Number: 41-2174554 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DEL VECCHIO, SHARISSE M
3 ARBOR CLUB DR
102
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

DEL VECCHIO, SHARISSE M
13007 CHELSEA HARBOR DR. S
JACKSONVILLE, FL 32224 US

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:

05/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DEL VECCHIO, SHARISSE M
Address: 3 ARBOR CLUB DR #102
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGRM () Delete
Name: SCHAEFER, GERALD P
Address: 277 N MILL VIEW WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DEL VECCHIO, SHARISSE M
Address: 13007 CHELSEA HARBOR DR. S
City-St-Zip: JACKSONVILLE, FL 32224 US

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SHARISSE DEL VECCHIO

MGR

05/04/2008

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