2007 LIMITED LIABILITY COMPANY

FILED Jul 20, 2007 8:00 am Secretary of State

2007	ANNUAL REPORT	

SIGNATURE AND TYPED OR PRINTED HAME

DOCUMENT # L06000057335 INLET WAVES CONCESSION, LLC Principal Place of Business Mailing Address 30011920 4206 ORIOLE AVENUE 4206 ORIOLE AVENUE PORT ORANGE, FL 32127 PORT ORANGE, FL 32127 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03082007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number Not Applicable Ζiρ Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Recuired 7. Hame and Address of New Registered Agent 5: Name and Address of Current Registered Agent PIVEC, PAUL J Street Address (P.O. Box Number is Not Acceptable) **4206 ORIOLE AVENUE** PORT ORANGE, FL 32127 City Zip Code FL 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 Signature typed or printed name of registered agent and title if applicable DATE (NOTE: Recistered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM ■ Addition TITLE TITLE ☐ Change ☐ Delate PIVEC, PAUL J NAME **4206 ORIOLE AVENUE** STREET ADDRESS STREET ADDRESS PORT ORANGE, FL 32127 CITY-ST-ZIP CITY-ST-ZIP MGRM ☐ Change ☐ Addition TITLE Delete TITLE PIVEC, JEANNETTE B NAME HAME STREET ADDRESS **4206 ORIOLE AVENUE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ORANGE, FL 32127 Delete ☐ Change ☐ Addition TITLE TITLE STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE October Delete TITLE 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 exemptions contained in Chapter 119, 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 receivar or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

AGING MEMBER, MANAGER, OR AUTHORIZED REPREBENTATIVE