

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 08, 2007 8:00 am**  
**Secretary of State**

06-08-2007 90224 005 \*\*\*\*50.00

**DOCUMENT #** L06000074/684

1. Entity Name

**Bongo Billies Banana Boat Rides**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**124 North Nova Road Suite 117**

3. Mailing Address  
**124 North Nova Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**Suite 117**

City & State  
**Ormond Beach, FL**

City & State  
**Ormond Beach, FL**

Zip  
**32174**

Country  
**USA**

Zip  
**32174**

Country  
**USA**

4. FEI Number  
**20-5338542**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**Matthew S Welch**

Street Address (P.O. Box Number is Not Acceptable)

**Rice & Rose, PA**

**222 Seabreeze Boulevard**

City  
**Daytona Beach**

**FL**

Zip Code  
**32124**

**DO NOT WRITE  
IN THIS SPACE**

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

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Signature]*

5/31/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)