2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 SEP 25 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L95000000252

1. Entity Name

ISLAND OUTPOST TRAVEL, L.C.

Principal Place of Business	Mailing Address
C/O SUSAN W. HART 1330 OCEAN DRIVE, 4TH FLOOR MIAMI BEACH FL 33139	(SAME)

2. Principal Place of Business	3. Mailing Address
1330 OCEAN DRIVE	1330 OCEAN DRIVE
Suite, Apt. #, etc. 4TH FLOOR	Suite, Apt. #, etc. 4TH FLOOR
City & State MIAMI BEACH	City & State MIAMI BEACH
Zip 33139 Country USA	Zip 33139 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0569131 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RICHARD GILSTU GREENBERG TRAURIG 1221 BRICKELL AVENUE MIAMI FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ISLAND TRADING CO. INC. ☒ Delete 4 COLUMBUS CIRCLE, 5TH FL NEW YORK NY 10019 MGRM	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SUSAN W. HART ☒ Change ☐ Addition ISLAND TRADING CO. INC. 1330 OCEAN DRIVE, 4TH FLOOR MIAMI BEACH FL 33139 MGRM
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JIMMY BUFFET ☒ Delete 1210 WASHINGTON AVE, SUITE 250 MIAMI BEACH, FL 33139 MGRM	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DONNA K SMITH ☒ Delete 1210 WASHINGTON AVE, SUITE 250 MIAMI BEACH, FL 33139 MGRM	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400003416264--0 -10/06/00--01022--014 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (11/99)

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: Susan W. Hart SUSAN W. HART 9/21/00 305-604-5012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #