## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT** DOCUMENT # L98000001461

EII ED

Apr 16, 2004 8:00 an Secretary of State
04-16-2004 90413 035 ****55.00

RON JON SURF SHOP SAWGRASS MILLS, L.L.C. 24044266 Principal Place of Business Mailing Address 2610 SAWGRASS MILLS CIRCLE, SUITE 1415 3850 S BANANA RIVER BLVD SUNRISE, FL 33323 COCOA BEACH, FL 32931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03082004 CR2E083 (10/03) Chg-LLC Applied For City & State City & State 4. FEI Number 59-3528207 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORIARTY COWARD MORIARTY, EDWARD E Box Number is Not Acceptable) 3850 SOUTH BANANA RIVER BLVD. COCOA BEACH, FL 32931 Zip Code 3243 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 it applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE TITLE Delete MORIALTY, EDWARD L. MORIARTY, EDWARD & L. NAME 3850 SOUTH BANNING RIVER BLUD. 3850 SOUTH BANANA RIVER BLVD. STREET ADDRESS STREET ADDRESS COCOA BEACH, FL 32931 COLO A CITY-ST-ZIP CITY-ST-ZIP MGR TITLE ☐ Delete TITLE ☐ Addition PARENT, KEN NAME NAME 1300 WILSON BLVD., SUITE 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ARLINGTON, VA 22209 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition BIEBERBACH, BILL NAME 3850 SOUTH BANANA RIVER BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA BEACH, FL 32931 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition MCDONOUGH, NICK NAME NAME STREET ADDRESS 1300 WILSON BLVD., SUITE 400 STREET ADDRESS ARLINGTON, VA 22209 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. Thereby 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.