


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90022 028 ***143.75

| | |
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| DOCUMENT # L98000001461 1. Entity Name RON JON SURF SHOP SAWGRASS MILLS, L.L.C. |  |
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| Principal Place of Business 2610 SAWGRASS MILLS CIRCLE SUITE 1415 SUNRISE, FL 33323 | Mailing Address 3850 S BANANA RIVER BLVD COCOA BEACH, FL 32931 |
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| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

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|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
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04252008 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 59-3528207 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent MORIARTY, EDWARD L 3850 SOUTH BANANA RIVER BLVD. COCOA BEACH, FL 32931 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to: Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MORIARTY, EDWARD L 3850 SOUTH BANANA RIVER BLVD. COCOA BEACH, FL 32931 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR O'KEEFE, THOMAS E 3850 SOUTH BANANA RIVER BLVD COCOA BEACH, FL 32931 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ANDERSON, LUKE T 5425 WISCONSIN AVE. SUITE 500 CHEVY CHASE, MD 20815 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BIEBERBACH, BILL 3850 SOUTH BANANA RIVER BLVD. COCOA BEACH, FL 32931 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GERBER, JACOB A 5425 WISCONSIN AVE. SUITE 500 CHEVY CHASE, MD 20815 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KIRSCHENBAUM, MALCOLM 3850 S. BANANA RIVER BLVD. COCOA BEACH, FL 32931 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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

SIGNATURE: *Thomas E. O'Keefe* **MANAGER** *4/30/08* *321.799.8888*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #