2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 16, 2004 8:00 am Secretary of State 04-16-2004 90413 033 ****55.00

DOCUMENT # L98000001462 1. Entity Name RON JON SURF SHOP SOUTHERN CALIFORNIA, L.L.C.						04-16-200-	4 9041 3 033 ******	33.00
Principal Place of Business 20 CITY BLVD WEST BUILDING C, STE 1 ORANGE, CA 92868		Mailing Address 3850 S. BANANA RIVER BLVD. COCOA BEACH, FL 32931		24044268				
Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03082004	Chg-LLC	CR2E083 (10/03)
City & State		City & State			4. FEI Number Applied For 59-3528209 Not Applicable			
Zip	Country	Zip	Country	ţ	5. Certificate	of Status Desired	\$5.00 Ac	iditional ed
3850 SOU	6. Name and Address of Current I Y, EDWARD E TH BANANA RIVER BLVD. EACH, FL 32931	38	7. Name and Address of New Registered Agent TOP OF ARTY, EDWALD L Treet Address (P.O. Box Number is Not Acceptable) SO SOUTH SOWANA RIVER BLUP. TO COL BEACH FL Zip Code 3263)					
b. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or poin, 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 a	and title if applicable. (NOTE	: Registered Agent sign	ature required	when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2004							ke check payable to a Department of Sta	ite
9.	MANAGING MEMBE		10.	m6A	,		/CHANGES	
NAME STREET ADDRESS CITY-ST-ZIP	MGR MORIARTY, EDWARD 3850 SOUTH BANANA RIVER BI COCOA BEACH, FL 32931	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MO A 3850	LIAKTY,	EOWARD L + BANANA ACH, FC	Change LIVER BLUS 32731	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARENT, KEN 1300 WILSON BLVD. SUITE 400 ARLINGTON, VA 22209	. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0000	<u>,0</u>	<u> </u>	☐ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BIEBERBACH, BILL '3850 SOUTH BANANA RIVER B COCOA BEACH, FL 32931	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCDONOUGH, NICK 1300 WILSON BLVD., SUITE 400 ARLINGTON, VA 22209	☐ 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 CHY-ST-ZIP				☐ Change	☐ Addition
indicated	certify that the information supplied with on this report is true and accurate and billity company or the receiver or trusted. **URE: **LUNUM*** **URE: **LUNUM*** **URE: **LUNUM*** **TURE: **LUNUM** **TURE: **LUNUM*** **TURE: **LUNUM*** **TURE: **LUNUM** **TURE: **	that my signature shall have e empowered to execute this	the same legal eff report as required	ect as if m by Chap	nade under oat ter 608, Florida	h; that I am a mana Statutes.	iging member or mana	
i	SIGNATURE AND TYPED OR PRINTED NAME O	F SIGNING MANAGHUM MEMBER, MA	NAGER, OR AUTHORIZ	ED REPRESE	NTATIVE	Date	Daytime Phone i	1