

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-07-2008 90022 029 \*\*\*143.75

**DOCUMENT # L98000001462**

1. Entity Name  
**RON JON SURF SHOP SOUTHERN CALIFORNIA, L.L.C.**



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**

**60040106**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**59-3528209**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**MORIARTY, EDWARD L  
3850 SOUTH BANANA RIVER BLVD.  
COCOA BEACH, FL 32931**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

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** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
O'KEEFE, THOMAS E.  
3850 SOUTH BANANA RIVER BLVD.  
COCOA BEACH, FL 32931** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
ANDERSON, LUKE T  
5425 WISCONSIN AVE. SUITE 500  
CHEVY CHASE, MD 20815** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BIEBERBACH, BILL  
3850 SOUTH BANANA RIVER BLVD  
COCOA BEACH, FL 32931** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
GERBER, JACOB A  
5425 WISCONSIN AVE. SUITE 500  
CHEVY CHASE, MD 20815** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
KIRSCHENBAUM, MALCOLM  
3850 S. BANANA RIVER BLVD.  
COCOA BEACH, FL 32931** ☐ 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

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 #