

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90549 036 \*\*\*\*\*55.00

0052014

**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. BANA RIVER BLVD.  
COCOA BEACH FL 32931**

2. Principal Place of Business

3. Mailing Address

**3850 South Banana River Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Cocoa Beach FL**

Zip

Country

Zip

Country

**32931**

**USA**

4. FEI Number

**59-3528209**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORIARTY, EDWARD E  
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 \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MORIARTY, EDWARD E 3850 SOUTH BANANA RIVER BLVD. COCOA BEACH FL 32931</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DIMENNA, RONALD E 3850 SOUTH BANANA RIVER BLVD. COCOA BEACH FL 32931</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BIEBERBACH, BILL 3850 SOUTH BANANA RIVER BLVD COCOA BEACH FL 32931</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Moriarty, Edward E 3850 South Banana River Blvd. Cocoa Beach FL 32931</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Parent, Ken 1300 Wilson Blvd Suite 400 Arlington Va 22209</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR McDonough, Nick 1300 Wilson Blvd Suite 400 Arlington Va 22209</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 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:

**Edward Moriarty**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

**4/3/03 (31) 79-8888**

Daytime Phone #

CR2E083 (10/02)