

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	L99000003795
1. Entity Name	BEAVER KAYAKS, L.L.C.

FILED
02 JUN 13 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		4400 PGA Blvd.	
City & State		Suite 900 City & State	
Zip		PalmBeach Gardens, FL	
Country		Country USA	

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4. FEI Number	Applied For
Not Applicable	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name	Richard G. Cherry
Street Address (P.O. Box Number is Not Acceptable)	4400 PGA Blvd., Suite 900
City	PalmBeach Gardens FL
Zip Code	33410

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable.

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE	MGRM	TITLE	
NAME	Shawn R. Wilber	NAME	
STREET ADDRESS	P.O. Box 1968	STREET ADDRESS	
CITY-ST-ZIP	Boca Grande, FL 33921	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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IN THIS SPACE**

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:	4-25-02	561 471 7767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #
Shawn R. Wilber, Manager		

CR2E083B (12/01)