APPROVED

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005587 1. Entity Name 00 MAR 29 AM 10: 08 HOT TUNA CHARTERS, L.L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address P.O. BOX 1416 646 NORTH-EAST RIVER TERRACE JENSEN BEACH FL 34958-1416 JENSEN BEACH FL 34957 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable \$5.00 Additional Zip Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name WAKEMAN, RUFUS II Street Address (P.O. Box Number is Not Acceptable) 646 NORTH-EAST RIVER TERRACE JENSEN BEACH FL 34957 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. 9. Addition Change TITLE TITLE MGR Delete NAME WAKEMAN, RUFUS II **50000320832**! -04/13/00--01123 646 NORTH-EAST RIVER TERRACE STREET ADDRESS STREET ADDRESS ČITY- ŠT-7IP CITY- ST-ZIP JENSEN BEACH FL 34957 未未未未产门 <u>订订</u> ■ Addition ☐ Debite TITLE TITLE MAME RAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - -- --- Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY ST-ZIP Addition Change MLE Delete TITLE MAME MAME STREET ADDRESS STREET ADDRESS CITY-8T-ZIP CITY- 21-71P ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-71P Addition ☐ Delete TITLE TITLE KAME BAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- 21-71P 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 empoward to execute this report as required by Chapter 608, Florida Statutes.

URE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER COALS

Daytime Phone #