

FILED
Aug 06, 2002 8:00 am
Secretary of State

05-22-2002 90202 017 ****55.00
 07-24-2002 90175 001 ***105.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **MO1000001017**

1. Entry Name

PEAK ATTRACTIONS, LLC

Principal Place of Business

488 YOLANDA #3
 SANTA ROSA CA 95404

Mailing Address

488 YOLANDA #3
 SANTA ROSA CA 95404

2. Principal Place of Business

462 Yolanda Ave #B3
 Suite, Apt. #, etc.
 # 3 suite

3. Mailing Address

Suite, Apt. #, etc.

City & State

Santa Rosa

City & State

Santa Rosa

Zip

95404

Country

CA

Zip

Country

4. FEI Number

91-1765354

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, JOSE
 8639 LATREC #210
 ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name **Stephen Molloy**

Street Address (P.O. Box Number is Not Acceptable)

3947 Promenade Sq. DR #4022

City **Orlando**

FL

Zip Code **32837**

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

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

(NOTE: Registered Agent signature required when revoking)

7/29/02

DATE

FILE NOW!!! FEES \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	O'BRIEN, PATRICK	488 YOLANDA #3	SANTA ROSA CA 95404	<input type="checkbox"/>
MGRM	HUTTON, JAMES	488 YOLANDA #3	SANTA ROSA CA 95404	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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 60B, Florida Statutes.

SIGNATURE:

[Signature]

4/24/02

707-542-8779

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Phone #

CR2E083 (9/01)