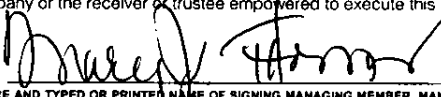


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90115 014 ****50.00

DOCUMENT # L04000001382 1. Entity Name REEF LIGHT TACKLE, LLC					
Principal Place of Business 29770 OVERSEAS HIGHWAY BIG PINE KEY, FL 33043			Mailing Address 29770 OVERSEAS HIGHWAY BIG PINE KEY, FL 33043		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-0590336	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent THOMAS, TERRY J 21147 CACTUS LANE BIG PINE KEY, FL 33043			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMAS, TERRY J 29770 OVERSEAS HWY BIG PINE KEY, FL 33043	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, MARY J 29770 OVERSEAS HWY BIG PINE KEY, FL 33043	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMAS, TERRY J 29770 OVERSEAS HWY BIG PINE KEY, FL 33043	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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: 				Date 4/19/07 Daytime Phone # 305-872-7679	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					