


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000070525 1. Entity Name SHACK BAITS, LLC	
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Principal Place of Business 15051 PUNTA RASSA ROAD FORT MYERS, FL 33908	Mailing Address 15051 PUNTA RASSA ROAD FORT MYERS, FL 33908
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**DO NOT WRITE IN THIS SPACE**



01092007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3341495	Applied For Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NICHOLS, JAMES L ESQUIRE  
 8191 COLLEGE PARKWAY  
 SUITE 204  
 FORT MYERS, FL 33919

**DO NOT WRITE IN THIS SPACE**

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**

U00000583996  
 01/12/07-80019-005 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KNIGHT, STEEVEN 15051 PUNTA RASSA RD FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EAGLE, GREG 3818 DELPRADO BLVD SOUTH CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAGE, STEPHEN 15051 PUNTA RASSA RD FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEPHENS, DAVIS W 15051 PUNTA RASSA RD FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:  JESSICA RODRIGUEZ, EXEC. ASST. 1/9/07 239-489-2909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #