

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 27, 2008  
Secretary of State**

DOCUMENT# L06000090362

Entity Name: SCHOOL OF FISH, L.L.C.

**Current Principal Place of Business:**

10272 WEST LIMERICK LANE  
CRYSTAL RIVER, FL 34428

**New Principal Place of Business:**

10272 WEST LIMERICK LANE  
15 HICKORY AVENUE  
YANKEETOWN, FL 34498

**Current Mailing Address:**

10272 WEST LIMERICK LANE  
CRYSTAL RIVER, FL 34428

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

OESTERLE, RALPH E II  
10272 WEST LIMERICK LANE  
CRYSTAL RIVER, FL 34428    US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title:                      MGRM                      ( ) Delete  
Name:                      OESTERLE, RALPH E II  
Address:                      10272 WEST LIMERICK LANE  
City-St-Zip:                      CRYSTAL RIVER, FL 34428

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RALPH E. OESTERLE II                      PRES                      04/27/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date