

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000045360

FILED
Feb 02, 2008
Secretary of State

Entity Name: A C FISHERIES LLC

Current Principal Place of Business:

14440 W EBBTIDE CT
CRYSTAL RIVER, FL 34429

New Principal Place of Business:

14440 W EBBTIDE CT
CRYSTAL RIVER, FL 34429 US

Current Mailing Address:

14440 W EBBTIDE CT
CRYSTAL RIVER, FL 34429

New Mailing Address:

14440 W EBBTIDE CT
CRYSTAL RIVER, FL 34429 US

FEI Number: 20-8932768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARD E ENGLISH CPA PA
6947 W PEKING CT
DUNNELLON, FL 34433 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: CANNON, ARTHUR S
Address: 14440 EBBTIDE CT
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: MGRM () Delete
Name: CANNON, ELIZABETH C
Address: 14440 EBBTIDE CT
City-St-Zip: CRYSTAL RIVER, FL 34429

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CANNON, ARTHUR S
Address: 14440 EBBTIDE CT
City-St-Zip: CRYSTAL RIVER, FL 34429 US

Title: MGRM (X) Change () Addition
Name: CANNON, ELIZABETH C
Address: 14440 EBBTIDE CT
City-St-Zip: CRYSTAL RIVER, FL 34429 US

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: ARTHURSCANNON

MGRM

02/02/2008

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