2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State
03-13-2002 90097 039 ****50.00

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DOCUMENT # L99000009126

1. Entity Name
BIG FISH HOUSE, LLC

Principal Place of Business	Mailing Address
C/O FLYNN INVESTMENTS 1717 POWELL STREET., SUITE 300 SAN FRANCISCO CA 94133	C/O FLYNN INVESTMENTS 1717 POWELL STREET., SUITE 300 SAN FRANCISCO CA 94133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 94-3349178 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRUNS, ALBERT 104 CHELSEY LANE SEAGROVE BEACH FL 32459	Name Mary Bruns Street Address (P.O. Box Number is Not Acceptable) 77 Williams Street City Seagrove Beach FL Zip Code 32459

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] 2-28-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DRESSEL, CHRIS J		NAME		
STREET ADDRESS	1717 POWELL STREET, SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANSISCO CA 94133		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CAPDEVIELLE, SCOTT G		NAME		
STREET ADDRESS	1717 POWELL STREET, SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANSISCO CA 94133		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (9/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] SIGNATURE REQUIRED Chris J. Dressel 2/18/02 415-989-1717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #