# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jul 24, 2006**
**Secretary of State**

DOCUMENT# L00000005418

**Entity Name:** MEGA-BITE SPORTFISH CHARTERS, LLC

**Current Principal Place of Business:**

6327 PASDADENA PT BLVD.
GULFPORT, FL 33707

**New Principal Place of Business:**

8068 COUNTRY CLUB RD NO
ST PETERSBURG, FL 33710

**Current Mailing Address:**

6327 PASADENA PT BLVD
GULFPORT, FL 33707

**New Mailing Address:**

8068 COUNTRY CLUB RD NO
ST PETERSBURG, FL 33710

**FEI Number: 59-3670855** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

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

WHITMAN, MICHAEL K
6327 PASADENA PT. BLVD SO.
GULFPORT, FL 33707 US

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

ROUX, GEORGE L
8068 COUNTRY CLUB RD NO
ST PETERSBURG, FL 33710 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: MICHAEL K WHITMAN 07/24/2006
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: WHITMAN, MICHAEL K
Address: 6327 PASADENA PT BLVD
City-St-Zip: GULFPORT, FL 33707

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: ROUX, GEORGE L
Address: 8068 COUNTRY CLUB RD NO
City-St-Zip: ST PETERSBURG, FL 33710

I hereby certify that the information supplied with this filing does not qualify for the 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: GEORGE L ROUX MGR 07/24/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date