2007 LIMITED LIABILITY COMPANY

FILED ate

ANNUAL REPORT				Jul 16, 2007 08:00	
DOCUMENT # L00000014910				Seci	retary of Sta
1. Entity Name MARIA'S FRESH SEAFOOD MARKET, L.L.C.					
Principal Plac	ce of Business	Mailing Address	<u> </u>		
621 E. CERV		PO BOX 1373			
PENSACOLA	, FL 32301	GULF BREEZE, FL 32562			
		AND A BOOK IN	F Stand		
DO NOT WRITE IN THIS SPA			CE	07102007No Chg-LLC CR	R2E083 (11/05)
				4. FEI Number 59-3689509	Applied For Not Applicable
				5. Certificate of Status Desired	\$5.00 Additional
	6. Name and Address of Current	Registered Agent			Fee Required
AMBERS	ON KRISTINI		-		
AMBERSON, KRISTIN 203 SABINE DR.				DO NOT WRIT	TE .
PENSACOLA BEACH, FL 32561			IN THIS SPACE		
8. The above the obligat	named entity submits this statement fo tions of registered agent.	r the purpose of changing its registe	red office or register	red agent, or both, in the State of Florida. I	am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent a				
	pituminar Abso a: hinteg umme ar tadistico a status	and title if applicable (FVOIE ragister	ad Agent signature required		
Filing Fee is \$50.00 Due by September 14, 2007			07/16/07-80013-024 50.00		
9.	MANAGING MEMBE	RS/MANAGERS	1		
TITLE NAME	P AMBERSON, SCOTT				
STREET ADDRESS	203 SABINE DR.				
CITY-ST-ZIP	PENSACOLA BCH, FL 32561		_[
title Name	ST AMBERSON, KRISTIN		1		
STREET ADDRESS	203 SABINE DR.				
City-St-Zip	PENSACOLA, FL 32561		_		
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CITY-ST-ZIP]		
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NAME STREET ADDRESS					
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TITLE			1		=
NAME			I		

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 the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and the information indicated on this report is true and accurate and the information indicated on this report is true and accurate and the information indicated on this report is true and accurate and the information indicated on this report is true and accurate and the information indicated on this report is true and accurate and the information indicated on this report is true and accurate and the information indicated on this report is true and accurate and the information indicated on this report is true and accurate and the information indicated on this report is true and accurate and the information indicated on this report is true and accurate and the information indicated on this report is true and accurate and the information indicated on the

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

URE:
SIGNATURE THE TYPED OR PRINTED NAME OF SIGNING MANAGING MERSER, OR AUTHORIZED REPRESENTATIVE