2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 28, 2007
Secretary of State

DOCUMENT# L01000001052

Entity Name: FLORIDA KEYS SAILFISH LIMITED COMPANY

Current Principal Place of Business:

159 TAVERNIER TRAIL
TAVERNIER, FL 33070

New Principal Place of Business:

Current Mailing Address:

PO BOX 9388
TAVERNIER, FL 33070

New Mailing Address:

FEI Number: 65-1069211 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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: MGR ( ) Delete
Name: MARIE BLANC, ANNIE JEANNE
Address: 15 PELICAN RD.
City-St-Zip: KEY LARGO, FL 33037

Title: S ( ) Delete
Name: GOURINAT, JEAN-PIERRE
Address: 15 PELICAN RD.
City-St-Zip: KEY LARGO, FL 33037

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BLANC, ANNIE JEANNE
Address: 159 TAVERNIER TRAIL
City-St-Zip: TAVERNIER, FL 33070

Title: S (X) Change ( ) Addition
Name: GOURINAT, JEAN-PIERRE
Address: 159 TAVERNIER TRAIL
City-St-Zip: TAVERNIER, FL 33070

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: ANNIE BLANC MGR 05/28/2007

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