

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

APPROVED
AND
FILED

04 APR 28 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04232004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L01000005657					
1. Entity Name SEMINOLE FISH FARMS, LLC					
Principal Place of Business 9105 OLD ST. AUGUSTINE ROAD TALLAHASSEE, FL 32311			Mailing Address 9105 OLD ST. AUGUSTINE ROAD TALLAHASSEE, FL 32311		
2. Principal Business Petrandis 4178 Apalachee Pkwy. Suite, Apt. #, etc. Tallahassee, FL 32311		3. Mailing Address Petrandis 4178 Apalachee Pkwy. Suite, Apt. #, etc. Tallahassee, FL 32311			
City & State Tallahassee, FL		City & State Tallahassee, FL		4. FEI Number 05-0555584	
Zip 32311		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PETRANDIS, JOHNNY II 9105 OLD ST. AUGUSTINE ROAD TALLAHASSEE, FL 32311			7. Name and Address of New Registered Agent Name: <u>Johnny Petrandis II</u> Street Address (P.O. Box Number is Not Acceptable): <u>4178 Apalachee Pkwy.</u> City: <u>Tallahassee, FL 32311</u> State: <u>FL</u> Zip Code: <u>32311</u>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4/23/4</u>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PETRANDIS, JOHNNY II 9105 OLD ST. AUGUSTINE ROAD TALLAHASSEE, FL 32311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Johnny Petrandis II 4178 Apalachee Pkwy. Tallahassee, FL 32311	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400035559984 05/05/04--01024--009 **550.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>[Signature]</u> DATE: <u>4/23/4</u>					