

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L01000006374

FILED
Jul 12, 2007
Secretary of State

Entity Name: FISH BUSTERZ L.L.C.

Current Principal Place of Business:

7001 SHRIMP ROAD
KEY WEST, FL 33040

New Principal Place of Business:

6840 FRONT STREET
STOCK ISLAND, FL 33040

Current Mailing Address:

PO BOX 169
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-1098865 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RENIER, CHARLIE
3 COCONUT DRIVE
KEY WEST, FL 33040 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: RENIER, CHARLIE
Address: 3 COCONUT DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RENIER, CHARLIE
Address: 3 COCONUT DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: MGRM () Change (X) Addition
Name: DICKSTEIN, ERIC
Address: 4 LOPEZ LANE
City-St-Zip: KEY WEST, FL 33040

Title: MGRM () Change (X) Addition
Name: GELNOVATCH, WALTER
Address: 2525 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

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: CHARLIE RENIER

MGRM

07/12/2007

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