2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 13, 2006
Secretary of State

DOCUMENT# L01000007033

Entity Name: FISHBUSTERZ FISHERIES PROPERTY RENTALS, LLC

Current Principal Place of Business:

P.O. BOX 169
KEY WEST, FL 33041

New Principal Place of Business:

40 KEY HAVEN ROAD
KEY WEST, FL 33040

Current Mailing Address:

P.O. BOX 169
KEY WEST, FL 33041

New Mailing Address:

40 KEY HAVEN ROAD
KEY WEST, FL 33040

FEI Number: 65-1075689 **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:

GRIFFITHS, K.A.
40 KEY HAVEN ROAD
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: K.A. GRIFFITHS

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete
Name: GRIFFITHS, K.A.
Address: 40 KEY HAVEN ROAD
City-St-Zip: KEY WEST, FL 33040

Title: P ( ) Delete
Name: RENIER, CHARLES
Address: PO BOX 169
City-St-Zip: KEY WEST, FL 33041

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: K.A. GRIFFITHS P 10/13/2006

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