2004 LIMITED LIABILITY COMPANY

ANNUAL REPORT (AR) DOCUMENT # L01000011040 1. Entity Name

FILED Apr 22, 2004 8:00 am Secretary of State 04-22-2004 90350 014 ****55.00

ALLIE CAT FISHING CHARTERS, LLC				04-22-2004 90350 014 ******55.00
Principal Place of Business Mailing Address				
		211 HIBISCUS STR TAVERNIER FL 330	EET NO	
TAVERNIER FL 33070 TAVERNIER FL 33070			770	
Principal Place of Business 3. Mailing Address			····	
2. Principal Place of Business		3. Maining Address		
Suite, Apt. #. etc.		Suite, Apt. #, etc.		MOORE CR2E083 (11/03)
City & State		City & State		4. FEI Number 65-1119926 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent Name				7. Name and Address of New Registered Agent
HEFFERNAN, THOMAS E				
211 HIBISCUS STREET TAVERNIER FL 33070			Street Add	dress (P.O. Box Number is Not Acceptable)
			City	□ I Zip Code
				FL
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004				
9. 🛕	MANAGING ME	MBERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE .	P	Delete	TITLE	Change Addition
NAME	HEFFERNAN, THOMAS E		NAME	
STREET ADDRESS CITY-ST-ZIP	211 HIBISCUS ST TAVERNIER FL 33070		STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	_ Change Addition
NAME	-		NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET AODRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME exercises			NAME STREET + DDDSSSS	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
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.				