## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

STREET ADORESS CATY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZP

## **FILED** Jan 18, 2005 08:00 AM DOCUMENT # L01000022402 **Secretary of State** 1. Entity Name MEL FISHER-SANIBEL, LLC Principal Place of Business Mailing Address MEL FISHER TREASURE 200 GREENE ST. 4TH FLOOR 2353 PERIWINKLE WAY KEY WEST, FL 33040 SANIBEL, FL 33957 01072005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 60-0000677 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEWIS & WHITE LC DO NOT WRITE 222 GEORGIA W ST TALLAHASSEE, FL 32301 IN THIS SPACE 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) Filing Fee is \$50,00 Due by May 1, 2005 <u>U00000182076</u> 9. MANAGING MEMBERS/MANAGERS 01/19/05-80014-002 50.00 MGRM TITLE FISHER, LEE MAME STREET ADDRESS 200 GREENE STREET CITY-ST-ZIP KEY WEST, FL 33040 MGRM TITLE NAME FISHER, KIM STREET ADDRESS 200 GREENE STREET CITY-ST-7IP KEY WEST, FL 33040 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-7P TITLE NAME

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: Kin ticker	1/14/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTRORIZED REPRESENTATIVE	Date	Daytime Phone #