

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000389

FILED
Sep 01, 2005
Secretary of State

Entity Name: FLORIDA KEYS ANGLERS, L.L.C.

Current Principal Place of Business:

126 NORTH COCONUT PALM BLVD.
MAIN HOUSE
TAVERNIER, FL 33037 US

New Principal Place of Business:

Current Mailing Address:

126 NORTH COCONUT PALM DR.
TAVERNIER, FL 33070 US

New Mailing Address:

FEI Number: 75-3018009 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:

Name and Address of New Registered Agent:

DEBREE, ADAM B
126 NORTH COCONUT PALM DR.
TAVERNIER, FL 33070 US

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: DEBREE, ADAM B
Address: P.O. BOX 961
City-St-Zip: ISLAMORADA, FL 33036 US

Title: MGR (X) Delete
Name: TIMURA, JOHN
Address: P.O. BOX 961
City-St-Zip: ISLAMORADA, FL 33036 US

Title: MGR () Delete
Name: WITENBURG, OSCAR
Address: PO BOX 961
City-St-Zip: ISLAMORADA, FL 33036

ADDITIONS/CHANGES:

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

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 Section 119.07(3)(i), 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: ADAM DEBREE

MGR

09/01/2005

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