


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000000779</b> 1. Entity Name SAILFISH GROUP, L.L.C.	
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Principal Place of Business 831 SW PINE TREE LANE PALM CITY, FL 34990	Mailing Address PO BOX 976 PALM CITY, FL 34991
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**DO NOT WRITE IN THIS SPACE**



03022005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 43-1955300	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  JOHNSON, GEORGE R 831 SW PINE TREE LANE PALM CITY, FL 34990
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**DO NOT WRITE  
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) DATE


**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JOHNSON, GEORGE R 831 SW PINE TREE LANE PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JOHNSON, DAWN 831 SW PINE TREE LANE PALM CITY, FL 34990
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03/10/05-80041-001 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	3/6/05 772-283-4834 <small>Date Daytime Phone #</small>
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