2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2007
Secretary of State

DOCUMENT# L02000005089

Entity Name: ANGLER'S ANSWER, LLC

Current Principal Place of Business:

11387 TAMIAMI TRAIL EAST
NAPLES, FL 34113

New Principal Place of Business:

Current Mailing Address:

11387 TAMIAMI TRAIL EAST
NAPLES, FL 34113

New Mailing Address:

FEI Number: 73-1636622 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRAMER, FREDERICK C
950 NORTH COLLIER BOULEVARD, SUITE 201
MARCO ISLAND, FL 34145 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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: KNAUBER, WILLIAM T
Address: 90 S. HEATHWOOD DRIVE
City-St-Zip: MARCO ISLAND, FL 34145

Title: MGR ( ) Delete
Name: FARRELL, BYRON L
Address: 826 BANYON COURT
City-St-Zip: MARCO ISLAND, FL 34145

Title: MGR (X) Delete
Name: BERGER, RONALD T
Address: PO BOX 10502
City-St-Zip: NAPLES, FL 34101

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BOWSER, JAMES W
Address: 1758 REUVEN CIR #2
City-St-Zip: NAPLES, FL 34112

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: BYRON L FARRELL MGR 02/24/2007

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