2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L02000006287



05-05-2003-92170 041 \*\*\*\*50.00 SECRETARY OF STATE DIVISION OF CORPORATIONS

03 NOV -7 PM 1: 18

XTREME	FISHING XPEDITIONS LLC				
Principal Place of Business 8612 8AY PINES BLVD ST PETERSBURG, FL 33709		Mailing Address 8612 BAY PINES BLVD ST PETERSBURG, FL 33709		-	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt	♥, etc.	Suite, Apt. 4, etc.			CHECK HERE IF MAKING CHANGES
City & State		City & State			A FEI Number Applied For Not Applicable
Zip	Country	Zip	Country		Certificate of Status Desired
	6. Name and Address of Current	Registered Agent		Name	7. Name and Address of New Registered Agent
ROHRET, KARIN 6290 SEMINOLE BLVD				Name	100
E/F				20061 Addres	26 Box Number of Not Acceptable from 189 # 17/1
ST PETERSBURG, FL 33708			,		
				CIN /-0	XOO FL ZIDGOOG 777
8. The above the obligat	named entity submits this statement for Bons of registered agent.	r the purpose of changing its r	egister	ed office or regis	tered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typholor primed name of equipment agent of	ent tila if applicate. (40TE)	Payasana	d Again) xignaturê viçe	out when reinstating) DATE
		Make Check Payable	fort	FEE 5,650,00 Orida (Departin 1,2003	, 4pc/2-10-2/16
9.	MANAGING MEMBE	RS/MANAGERS	10.	CONTROL OF THE PROPERTY OF THE	ADDITIONS/CHANGES
TITLE NAME	MGRM MCILROY, JOHN	☐ Delete	TITLE	. )	☐ Change ☐ Addition │ S
STREET ADDRESS	8612 BAY PINES BLVD ST PETERSBURG, FL 33709		STRE	ET ADOMESS -ST-2P	Change Addition Change Addition Change Addition Change
TITLE	MGRM	Odde	TITLE	<u> </u>	☐ Change ☐ Addition ☐
NAMÉ STREET ADDRESS	BUTLER, TOMMY L 6612 BAY PINES BLVD	•	HAM	- J	
CITY-51-21P	ST PETERSBURG, FL 33709			ET ADDRESS -ST-ZIP	
TITLE NAME STREET ADDRESS CITY - ST- ZIP		[] Delete			☐ Change ☐ Addition
TITLE MAJNE STREET ADDRESS CITY-ST-21P		□ Delete		1	☐ Change ☐ Addition
TITUE NAME STREET ADDRESS CITY-ST-21P		☐ Delete	\$1 PEI	FF ADDRESS STAPE	Change Addition
TITUE NAME STREET ADDRESS CITY - 57 - 214		□ Delok	ÇITY-	ET ADDRÉSS SI-ZIP	☐ Change ☐ Addition:
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 timiled liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					

SIGNATURE:
SCHATURE AND TYPEDOR PRINTED NAME OF SIGNING MANAGING MEMBER MANAGER ON AUTHORIZED REPRESENTATIVE

10 (1. 18 m)

## Rohret & Associates Inc

12651 Walsingham Rd #B, Largo FL 33774

Ph: 727 593-5953 \* Fx: 727 593-1904

State of Florida Division of Corporations P O Box 6327 Tallahassee, FL 32314

November 5<sup>th</sup>., 2003

RE: UBR P02000121818 - C.N.J. Consulting Inc

UBR L02000006287 - Xtreme Fishing Xpeditions LLC

Attached are 2 copies of UBR's that were timely filed and paid for by our office for the year 2003.

Just recently it was brought to our attention that these two firms were administratively dissolved.

When I called your office today, I was informed that we forgot to enter the Federal ID number in both cases.

We have no correspondence in our hands relating to the missing ID numbers.

We hereby respectfully ask for an abatement of any fines that might have resulted from this situation.

If you have questions, please do not hesitate to contact me at 727 593-5953

Karin Rohret

Accountant