

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
May 26, 2005 8:00 am
Secretary of State**

05-26-2005 90314 038 ****50.00

DOCUMENT # L02000012600

1. Entity Name
ANGLERS FAMILY RESORT LLC



Principal Place of Business
12189 S WILLIAMS STREET
DUNNELLON, FL 34432

Mailing Address

1849 COMPASS COURT
TOMS RIVER, NJ 08753 *delete*



2. Principal Place of Business

3. Mailing Address
12189 S. Williams Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05092005 Chg-LLC CR2E083 (10/03)

City & State

City & State
Dunnellon, FL

4. FEI Number
11-3693866 Applied For
 Not Applicable

Zip

Zip
34432

Country
Marion

5. Certificate of Status Desired \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARCHESE, JOSEPH
12189 S WILLIAMS STREET
DUNNELLON, FL 34432

delete

Name: Bussiere, Louis

Street Address (P.O. Box Number is Not Acceptable)

12189 S. Williams Street

City: Dunnellon

FL Zip Code
34432

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: *Louis Bussiere*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

X DATE

5/23/05

Filing Fee is \$50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE: MGRM
NAME: MARCHESE, JOSEPH
STREET ADDRESS: 1849 COMPASS COURT
CITY-ST-ZIP: TOMS RIVER, NJ 08753

Delete

TITLE: MGRM

Change

Addition

Bussiere, Louis
12189 S. Williams Street
Dunnellon, FL 34432

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

Delete

TITLE: MGRM

Change

Addition

Bussiere, Shari
12189 S. Williams Street
Dunnellon, FL 34432

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

Delete

TITLE: Delete

Change

Addition

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

Delete

TITLE: Delete

Change

Addition

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

Delete

TITLE: Delete

Change

Addition

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

Delete

TITLE: Delete

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Louis Bussiere* LOUIS BUSSIERE 5/23/05 352-489-2397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #