

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

<b>DOCUMENT # L02000012600</b>					
<b>1. Entity Name</b> ANGLERS FAMILY RESORT LLC					
<b>Principal Place of Business</b> 12189 S WILLIAMS STREET DUNNELLON, FL 34432			<b>Mailing Address</b> <del>1849 COMPASS COURT</del> <i>delete</i> <del>TOMS RIVER, NJ 08753</del>		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 12189 S. Williams Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05092005    Chg-LLC    CR2E083 (10/03)	
City & State		City & State Dunnellon, FL		<b>4. FEI Number</b> 11-3693866	
Zip		Zip 34432		Country Marion	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
MARCHESE, JOSEPH 12189 S WILLIAMS STREET <i>delete</i> DUNNELLON, FL 34432				Name: Bussiere, Louis	
				Street Address (P.O. Box Number is Not Acceptable)	
				12189 S. Williams Street	
				City: Dunnellon <b>FL</b> Zip Code: 34432	
<b>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.</b>					
SIGNATURE: <i>Louis Bussiere</i> (NOTE: Registered Agent signature required when reinstating)    DATE: 5/23/05					
<b>Filing Fee is \$50.00</b> <b>Due by September 7, 2005</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARCHESE, JOSEPH 1849 COMPASS COURT TOMS RIVER, NJ 08753	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Bussiere, Louis 12189 S. Williams Street Dunnellon, FL 34432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Bussiere, Shari 12189 S. Williams Street Dunnellon, FL 34432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> <i>Louis Bussiere</i> 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 #					