


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90011 001 ****50.00

DOCUMENT # L02000017747	
1. Entity Name RED MEAT & FISH, LLC	

Principal Place of Business 470 GOLDEN GATE BLVD. WEST NAPLES, FL 34117	Mailing Address 470 GOLDEN GATE BLVD. WEST NAPLES, FL 34117
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24069900

2. Principal Place of Business 2134 Andrea Lane	3. Mailing Address 2134 Andrea Lane
Suite, Apt. #, etc. D	Suite, Apt. #, etc. D
City & State Ft. Myers, FL	City & State Ft. Myers, FL
Zip 33912	Country USA

03012003 Chg-LLC CR2E083 (10/03)

4. FEI Number 52-2366049	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent
AUSTIN, ARLENE F 5811 PELICAN BAY BLVD., STE. 201 NAPLES, FL 34108

7. Name and Address of New Registered Agent
Name SAMUEL V. JOHNSON
Street Address (P.O. Box Number is Not Acceptable)
2134-D ANDREA LANE
City Ft. Myers FL Zip Code 33912

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 Samuel V. Johnson	SAMUEL V. JOHNSON	DATE 5-5-04

Filing Fee is \$50.00 Due by September 8, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SARDINHA, JOEL R 470 GOLDEN GATE BLVD. WEST NAPLES, FL 34117 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SARDINHA, ROBERTA JEAN 470 GOLDEN GATE BLVD. WEST NAPLES, FL 34117 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAMB, MICHAEL J 6610 BEACH RESORT DR. #12 NAPLES, FL 34114 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, SAMUEL V. 2134-D ANDREA LANE Ft. Myers, FL 33912 <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Samuel V. Johnson	SAMUEL V. JOHNSON 5/5/04 239-415-1661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	