

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90027 039 \*\*\*\*50.00

DOCUMENT # L02000023401

1. Entity Name

PERFORMANCE FISHING TECHNOLOGIES, L.L.C.



Principal Place of Business

600 GOODLETTE RD  
STE 107  
NAPLES FL 34102  
US  
*MOVED TO*  
*↓*

Mailing Address

PO BOX 8323  
NAPLES FL 34101  
US



2. Principal Place of Business

*3260 60TH ST S.W.*

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

*NAPLES, FL*

City & State

4. FEI Number

30-0110943

Applied For

Not Applicable

Zip

*34116*

Country

*Collier*

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MINARCIN, JOHN  
4412 BURTON ROAD  
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00.**

**Make Check Payable to Florida Department of State.**

**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **CRANS, ROBERT**  
CITY-ST-ZIP **8911 BURDETTE RD.  
BETHESDA MD 20817**

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **MINARCIN, BERNARD**  
CITY-ST-ZIP **1240 10TH ST. NORTH  
NAPLES FL 34102**

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **ERICKSON, KEVIN**  
CITY-ST-ZIP **1240 10TH ST. NORTH  
NAPLES FL 34102**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **MINARCIN, JOHN J**  
CITY-ST-ZIP **4412 BURTON RD.  
NAPLES FL 34104**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME **P**  
STREET ADDRESS **CRANS, ROBERT**  
CITY-ST-ZIP **3260 60TH ST SW.  
NAPLES, FL 34116**

TITLE ☒ Change ☐ Addition  
NAME **V**  
STREET ADDRESS **MINARCIN, BERNARD**  
CITY-ST-ZIP **1455 CHALEW AVE #1  
NAPLES FL 34102**

TITLE ☒ Change ☐ Addition  
NAME **S**  
STREET ADDRESS **ERICKSON, KEVIN**  
CITY-ST-ZIP **3260 60TH ST SW.  
NAPLES, FL 34116**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*4/17/06*

*235-348-8382*