

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90062 027 \*\*\*\*50.00

DOCUMENT # L02000031330

1. Entity Name  
 FRESH DEAD FISH, LLC



Principal Place of Business  
 203 SABINE DRIVE  
 PENSACOLA BEACH, FL 32561

Mailing Address  
 203 SABINE DRIVE P.O. Box 1373  
 PENSACOLA BEACH, FL 32561  
 Gulf Breeze FL 32562

20018872



02022005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number	Applied For
82-0987055	Not Applicable

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

**6. Name and Address of Current Registered Agent**

AMBERSON, KRISTIN S  
 203 SABINE DRIVE  
 PENSACOLA BEACH, FL 32561

**DO NOT WRITE IN THIS SPACE**

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: Kristin Amberson Kristin Amberson 2/2/05  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	AMBERSON, KRISTIN
STREET ADDRESS	203 SABINE DR
CITY-ST-ZIP	PENSACOLA BCH, FL 32561

TITLE	MGRM
NAME	AMBERSON, SCOTT
STREET ADDRESS	203 SABINE DR.
CITY-ST-ZIP	PENSACOLA BCH, FL 32561

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Kristin Amberson 2/2/05 850-232-8320  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Kristin Amberson