


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 05, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90023 033 \*\*\*\*25.00  
 06-05-2006 90001 005 \*\*\*\*25.00

<b>DOCUMENT # L02000031330</b>	
1. Entity Name FRESH DEAD FISH, LLC	

Principal Place of Business 203 SABINE DRIVE PENSACOLA BEACH, FL 32561	Mailing Address P.O. BOX 1373 GULF BREEZE, FL 32562
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40094746



**DO NOT WRITE IN THIS SPACE**

04122006No Chg-LLC CR2E083 (11/05)

4. FEI Number 82-0987055	Applied For 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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2008**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AMBERSON, KRISTIN 203 SABINE DR PENSACOLA BCH, FL 32561
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AMBERSON, SCOTT 203 SABINE DR. PENSACOLA BCH, FL 32561
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**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Kristin Amberson* Date: 4/16/06 Daytime Phone #: 8509347112

*Kristin Amberson*