2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 07, 2005 08:00 AM Secretary of State DOCUMENT # L02000034502 1. Entity Name M & M FISHING ENTERPRISES, LLC Mailing Address Principal Place of Business 536 SOUND DR. KEY LARGO FL 33037 536 SOUND DR. KEY LARGO FL 33037 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number Applied For 57-1142822 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREENBAUM, MARILYN P Street Address (P.O. Box Number is Not Acceptable) 536 SOUND DR. KEY LARGO FL 33037 Zip Code FL 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, typed or printed name of registered agent and title if applicable DÂTE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. TITLE ☐ Change Addition TITLE Delete GREENBAUM, STEVEN R NAME U00000290838 STREET ADDRESS 163 GALLEON LANE STREET ADDRESS 04/07/05-80006-010 50.00 CITY-ST-7IP CITY-ST-ZIP CUDJOE KEY FL 33042 Change ☐ Addition TITLE TITLE Defete NAME NAME SUREFIADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7P CUTY - ST - ZIP Change TOTAL ☐ Addition Delete HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CHY-ST-ZIP ___ Change ☐ Delete TOTALE ☐ Addition THE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP THLE Delete THILE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP

11. 1 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

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED