LIMITED LIABILITY COMPANY

UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: NUMBER OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L020000345Q2...

1. Entity Name



FILED Mar 18, 2003 8:00 am Secretary of State 03-18-2003 90155 017 ****55.00

(305) 745-1928

Daytime Phone #

M & M I	FISHING ENTERPRISE	ES, LLC				
	DO NOT WRITE	IN THIS SI	PAC	E		
	Place of Business	3. Mailing Address	· · /)			
536 SOUND DR Suite, Apt. #, etc.		5 36 Journa D1.				
Suite, Apt.	# , 610.	Suite, Apt. #, etc.			DO NOT WRITE IN TH	HIS SPACE
City & Stat		City & State			4. FEI Number	Applied For
<u> Kei</u>	ILARGO FL	Key Largo	FL		57-11428 22	Not Applicable
3303	7 Country USA	330 37	Countr <i>U</i>	5/A	5. Certificate of Status Desired	\$5.00 Additional Fee Required
			L		7. Name and Address of Current Regist	ered Agent
	DO NOT WI	OITE		Name Mar	elan (zreenbaum	
mana yang pagkatana	DO-NOT WI IN THIS SP			Street Address (F	O. Box Number is Not Acceptable)	
y	IN THIS SP	AUE		Ko. Ja	F /	
				City	go -	Zip Code
9 The shows				- 0	-	L 25 Code 37
the obligati	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered	I office or registere	ed agent, or both, in the State of Florida. I a	ım familiar with, and accept
SIGNATURE _	marilyn Green	baun	· .		3/1:	2/03
	Signature, typed or printegrname or registered agent an	d title if applicable?			DAT	E .
		Make Check Payabl	EE IS \$ e to Flo UE BY	rida Departmen	it of State	
9.	MANAGING MEMBER	S/MANAGERS		1		
TITLE	Partner		TITLE			
NAME STREET ADDRESS	37 even Greenbacen 163 Galleon LN.		NAME			
CITY-ST-ZIP	- 1	3 <i>364</i> 2	STREET CITY-S	ADORESS T. 7IP		
TITLE		75012	TITLE			
NAME			NAME			
STREET ADDRESS		_	STREET	ADORESS		
CITY-ST-ZIP		·	CITY-S	T-ZIP		14
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ITLE			TITLE			
IAME			NAME	· · · · · · · · · · · · · · · · · · ·		
TREET ADDRESS			ASSESS ASSESSED.	Address		
CITY-ST-ZIP			CITY-ST	和中央推动的运输。在市,整型自己的特殊的		
midicated t	ertify that the information supplied with the on this report is true and accurate and the illity company or the receiver or trustee e	ai my sionanire snall nave m	io camo le	inal attact as it mai	tion 119.07(3)(i), Florida Statutes. I further of de under oath; that I am a managing mem 608, Florida Statutes.	pertify that the information ober or manager of the