

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001353

FILED  
Apr 14, 2005  
Secretary of State

**Entity Name:** ONE MORE CAST FISHING CHARTERS, LLC

**Current Principal Place of Business:**

685 SE LAKEVIEW DR.  
KEYSTONE HEIGHTS, FL 32656

**New Principal Place of Business:**

RURAL ROUTE 5 BOX 5754  
LAKE BUTLER, FL 32054

**Current Mailing Address:**

685 SE LAKEVIEW DR.  
KEYSTONE HEIGHTS, FL 32656

**New Mailing Address:**

RURAL ROUTE 5 BOX 5754  
LAKE BUTLER, FL 32054

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GILES, MATTHEW  
685 SE LAKEVIEW DR.  
KEYSTONE HEIGHTS, FL 32656 US

**Name and Address of New Registered Agent:**

GILES, MATTHEW  
RURAL ROUTE 5 BOX 5754  
LAKE BUTLER, FL 32054 US

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.

SIGNATURE:

04/14/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: GILES, MATTHEW J MR.  
Address: 685 SE LAKEVIEW DRIVE  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GILES, MATTHEW J MR.  
Address: RURAL ROUTE 5 BOX 5754  
City-St-Zip: LAKE BUTLER, FL 32054 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MATTHEW J. GILES

MR.

04/14/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date