

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000006941

1. Entity Name
STRIKE-ZONE FISHING, LC



Principal Place of Business
**1301 RIVERPLACE BLVD., STE. 1609
JACKSONVILLE, FL 32207**

Mailing Address
**1301 RIVERPLACE BLVD., STE. 1609
JACKSONVILLE, FL 32207**



04112006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0782925

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PEEK, EUGENE G III
1301 RIVERPLACE BLVD., STE. 1609
JACKSONVILLE, FL 32207**

**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 _____

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, 2006**

**U00000542481
05/10/06-80098-009 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
PEEK, EUGENE G III
1301 RIVERPLACE BLVD., STE. 1609
JACKSONVILLE, FL 32207**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
WORKMAN, DAVID E JR
1301 RIVERPLACE BLVD, STE. 1609
JACKSONVILLE, FL 32207**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

EUGENE G. PEEK III

04/26/06

Date

904/399-1607

Daytime Phone #