


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90047 048 \*\*\*\*50.00

**DOCUMENT # L03000024706**

1. Entity Name  
**CBM SPORTFISHING, LLC**



Principal Place of Business  
**399 WEST PALMETTO PARK RD #106  
 BOCA RATON, FL 33432**

Mailing Address  
**399 WEST PALMETTO PARK RD #106  
 BOCA RATON, FL 33432**

**20031103**



2. Principal Place of Business  
**399 West Palmetto Park Rd.**  
 Suite, Apt. #, etc.  
**Suite 100**  
 City & State  
**Boca Raton FL**  
 Zip  
**33432** Country  
**USA**

3. Mailing Address  
**399 West Palmetto Park Rd.**  
 Suite, Apt. #, etc.  
**Suite 100**  
 City & State  
**BOCA RATON FL**  
 Zip  
**33432** Country  
**USA**

04122006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**90-0097369** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**KENNEDY, BEN S JR**  
**399 WEST PALMETTO PARK RD #106**  
**BOCA RATON, FL 33432**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2006**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENNEDY, BEN S JR 399 WEST PALMETTO PARK RD #106 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** \_\_\_\_\_ **4/17/06 561750835**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #