


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L03000025009</b> 1. Entity Name FISH & RACE, LLC	
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Principal Place of Business 5555 COLLEGE ROAD "SHOP" KEY WEST, FL 33040 US	Mailing Address 5555 COLLEGE ROAD "SHOP" KEY WEST, FL 33040 US
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**DO NOT WRITE IN THIS SPACE**

04122005No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0086660	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

SPOSATO, ANNELIESE  
5555 COLLEGE ROAD  
"SHOP"  
KEY WEST, FL 33040

**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, 2005**

1100000330525  
04/25/05 60161-022 55.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SPOSATO, MARIO 5555 COLLEGE ROAD, "SHOP" KEY WEST, FL 33040
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SPOSATO, ANNELIESE 5555 COLLEGE ROAD, "SHOP" KEY WEST, FL 33040
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 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.

**SIGNATURE:**

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

Date

Daytime Phone #