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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2004 8:00 am
Secretary of State

07-20-2004 90055 005 ****50.00

DOCUMENT # L03000028183

1. Entity Name
REAL SEAFOOD COMPANY OF NAPLES, L.L.C.

34009650

07062004 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
21775 SOUND WAY UNIT 2 ESTERO, FL 33928 US	605 SOUTH MAIN STREET SUITE 2 ANN ARBOR, MI 48104 US

2. Principal Place of Business	3. Mailing Address
8960 Fontana Del Sol Way	3051 Miller Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, FL	City & State: Ann Arbor, MI
Zip: 34109 Country:	Zip: 48103 Country:

4. FEI Number: 20-0129872 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GIBBONS, MICHAEL C
21775 SOUND WAY,
UNIT 102
ESTERO, FL 33928

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: Managing Member NAME: Michael C. Gibbons STREET ADDRESS: 21775 Sound Way CITY-ST-ZIP: Estero, FL 33928	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: Managing Member NAME: Dennis Serras STREET ADDRESS: 3900 N. Dixboro CITY-ST-ZIP: Ann Arbor, MI 48105	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Michael C Gibbons 7/8/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #