


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 13, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90453 023 \*\*\*\*50.00

|   |   |                                 |   |   |  |
|---|---|---------------------------------|---|---|--|
| <b>DOCUMENT # L03000030998</b>  |   |                                 |   |  |  |
| 1. Entity Name<br><b>NATUREPURE FISHERIES, LLC.</b>   |   |                                 |   |   |  |
| Principal Place of Business<br><b>1300 SW 10TH STREET<br/>#A1<br/>DELRAY BEACH FL 33444</b>   |   |                                 | Mailing Address<br><b>1300 SW 10TH STREET<br/>#A1<br/>DELRAY BEACH FL 33444</b> |   |  |
| 2. Principal Place of Business  |   |                                 | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.   |   |                                 | Suite, Apt. #, etc.   |   |  |
| City & State  |   |                                 | City & State  |   |  |
| Zip   | Country   | Zip                             | Country   | 4. FEI Number<br><b>20-1096915</b>  |  |
|   |   |                                 |   | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |                                 |   | \$5.00 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MORELL, TIM ESQ.<br/>1933 TOM-A-TOE ROAD<br/>BOYNTON BEACH FL 33462</b>   |   |                                 |   | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |                                 |   |   |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2004</b>  |   |                                 |   |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |   |                                 | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>CIAMBRONE, MARILYN<br>1300 SW 10TH STREET<br>DELRAY BEACH FL 33444 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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: <u>Walter C. ...</u>   |   |                                 | Date: <u>4/8/04</u> 561-495-9400  |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |                                 |   |   |  |