



**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L03000042624</b> 1. Entity Name <b>FISHING GUYS, LLC</b>	
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Principal Place of Business <b>12611 ARBUCKLE CT N FT MYERS, FL 33903 US</b>	Mailing Address <b>12611 ARBUCKLE CT N FT MYERS, FL 33903 US</b>
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**DO NOT WRITE IN THIS SPACE**



03052007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>34-1981596</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**SPRINGER, CHARLIE  
12611 ARBUCKLE CT  
N FORT MYERS, FL 33903**

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

**Filing Fee is \$50.00  
Due by May 1, 2007**

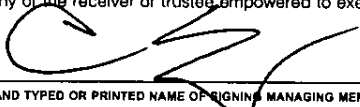
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FUCHS, PAUL 1912 SE 33-TERR CAPE CORAL, FL 33902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHARDS, PAUL J 21 FALCONWOOD CT. FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARGIULA, MICHAEL 12611 PANASOFFKEE DRIVE N. FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REYNOLDS, FLETCHER A III 2807 SE 19TH PLACE CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAFEL, ALAN 1050 SUMICA DR FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLORES, ANTONIO 13936 BALD CYPRESS CIR FORT MYERS, FL 33907

000000630674  
04/11/07-80084-025 50.00

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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 606, Florida Statutes.

SIGNATURE:  **3/27/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #