2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jul 27, 2007 8:00 am Secretary of State **DOCUMENT # L04000000959** 07-27-2007 90020 032 ****50.00 1. Entity Name, TOP GUN FISHING TEAM, LLC Mailing Address Principal Place of Business 5606 NORTH 50TH STREET 5606 NORTH 50TH STREET 60053566 TAMPA, FL 33610 US TAMPA, FL 33610 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07172007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEt Number Applied For 20-0563306 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIMONE, STEPHEN CPA Street Address (P.O. Box Number is Not Acceptable) 6439 CENTRAL AVENUE SAINT PETERSBURG, FL 33710 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by September 14, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM 7 Addition ☐ Delete TITI F ☐ Change TITLE HEAVENRIDGE, DAVID NAME NAME STREET ADORESS 5606 NORTH 50TH STREET STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33610 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS

FILED

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: ING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP