

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90027 048 \*\*\*\*50.00

<b>DOCUMENT # L04000003214</b>					
<b>1. Entity Name</b> TWO FISH PROPERTIES, LLC					
<b>Principal Place of Business</b> 1814 U.S. HIGHWAY 98 MEXICO BEACH, FL 32410			<b>Mailing Address</b> HC BOX 98-1814 MEXICO BEACH, FL 32456		
<b>2. Principal Place of Business</b> 260 Marina Drive Suite, Apt. #, etc.		<b>3. Mailing Address</b> 260 Marina Drive Suite, Apt. #, etc.			
<b>City &amp; State</b> Port St. Joe, Florida		<b>City &amp; State</b> Port St. Joe, Florida		<b>4. FEI Number</b> 20-1338540	
<b>Zip</b> 32456		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  KERIGAN, JOHN J JR. 1814 U.S. HIGHWAY 98 MEXICO BEACH, FL 32410			<b>7. Name and Address of New Registered Agent</b> Name: Kerigan, John J. Jr. Street Address (P.O. Box Number is Not Acceptable): 260 Marina Drive City: Port St. Joe, FL Zip Code: 32456		
<b>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.</b> SIGNATURE: <u>J. Kerigan</u> DATE: <u>4/24/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM KERIGAN, JOHN J JR. 1814 U.S. HIGHWAY 98 MEXICO BEACH, FL 32410		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM Kerigan, John J Jr 260 Marina Drive Port St. Joe, FL 32456	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM <del>KERIGAN</del> KARIGAN, SHARLYN 1814 US HWY 98 MEXICO BEACH, FL 32410		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM Kerigan, Sharlyn 260 Marina Drive Port St Joe, FL 32456	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARSHALL, BRIAN 1814 US HWY 98 MEXICO BEACH, FL 32410		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM marshall, Brian 260 Marina Drive Port St Joe, FL 32456	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM KERIGAN, TIM 1814 US HWY 98 MEXICO BEACH, FL 32410		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM Kerigan, Tim 260 Marina Drive Port St Joe, FL 32456	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>J. Kerigan</u>			Date: <u>4/24/06</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					