


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90155 008 ****50.00

DOCUMENT # L04000005684	
1. Entity Name PESCADORA PESCA DEPORTIVA, LLC	

Principal Place of Business 600 CLEVELAND STREET, SUITE 100 CLEARWATER FL 33755	Mailing Address 600 CLEVELAND STREET, SUITE 100 CLEARWATER FL 33755
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2. Principal Place of Business 1511 N WESTSHORE BLVD	3. Mailing Address 1511 N WESTSHORE BLVD
Suite, Apt. #, etc. # 500	Suite, Apt. #, etc. # 500

City & State TAMPA FL	City & State TAMPA FL
Zip 33607	Zip 33607
Country USA	Country USA



1st MOORE CR2E083 (10/04)

4. FEI Number 267-74-2433	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LOVELACE, WILLIAM K 401 S. LINCOLN AVE. CLEARWATER FL 33756	
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7. Name and Address of New Registered Agent	
Name ROBERT J. BURNSIDE	
Street Address (P.O. Box Number is Not Acceptable) 1511 N. WESTSHORE BLVD., #500	
TAMPA	
City FL	Zip Code 33607

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 **2/17/05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

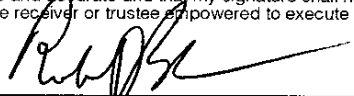
FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURNSIDE, ROBERG J 600 CLEVELAND STREET, SUITE 100 CLEARWATER FL 33755 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BURNSIDE, ROBERT J. 1511 N WESTSHORE BLVD., # 500 TAMPA FL 33607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <small>correction</small>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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(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:



2/17/05 813-286-7824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #