


**FILED**  
**Jun 02, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90077 049 \*\*\*\*50.00

**2005 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

DOCUMENT # L04000013598						
1. Entity Name GONE FISHIN LLC						
Principal Place of Business 301 N. FERNCREEK AVENUE SUITE A ORLANDO, FL 32803			Mailing Address 301 N. FERNCREEK AVENUE SUITE A ORLANDO, FL 32803			
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country	Zip		Country	
8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
GILLIAM, C. KEVIN 301 N. FERNCREEK AVENUE SUITE A ORLANDO, FL 32803				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 <u><i>C. Gilliam</i></u>				DATE <u>4-9-05</u>		
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)		
<b>Filing Fee is \$50.00          Due by May 1, 2005</b>			<b>Make check payable to          Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>				<b>10. ADDITIONS / CHANGES</b>		
TITLE	MGR	GILLIAM, C. KEVIN <input type="checkbox"/> Delete		TITLE		
NAME	GILLIAM, C. KEVIN				NAME	
STREET ADDRESS	301 N. FERNCREEK AVENUE SUITE A				STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32803				CITY-ST-ZIP	
TITLE	MGRM	COOPER, SKIP <input type="checkbox"/> Delete		TITLE		
NAME	COOPER, SKIP				NAME	
STREET ADDRESS	301 N. FERNCREEK AVENUE SUITE A				STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32803				CITY-ST-ZIP	
TITLE			TITLE			
NAME					NAME	
STREET ADDRESS					STREET ADDRESS	
CITY-ST-ZIP					CITY-ST-ZIP	
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TITLE			TITLE			
NAME					NAME	
STREET ADDRESS					STREET ADDRESS	
CITY-ST-ZIP					CITY-ST-ZIP	
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 808, Florida Statutes.						
SIGNATURE: <u><i>C. Gilliam</i></u>				DATE: <u>4-9-05</u> 407-891-4484		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Office Daytona Phone #		

30008480



03112005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-2893027 Applied For  Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required