


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	
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Principal Place of Business 301 N. FERNCREEK AVENUE SUITE A ORLANDO, FL 32803	Mailing Address 301 N. FERNCREEK AVENUE SUITE A ORLANDO, FL 32803
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30008480



2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03112005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-2893027	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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8. Name and Address of Current Registered Agent GILLIAM, C. KEVIN 301 N. FERNCREEK AVENUE SUITE A ORLANDO, FL 32803	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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: *C. Gilliam* (NOTE: Registered Agent signature required when reinstating) DATE: 4-9-05

**Filing Fee is \$50.00
 Due by May 1, 2005**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	NAME GILLIAM, C. KEVIN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 301 N. FERNCREEK AVENUE SUITE A	CITY-ST-ZIP ORLANDO, FL 32803	NAME	STREET ADDRESS
CITY-ST-ZIP	ORLANDO, FL 32803	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, SKIP	NAME	STREET ADDRESS
STREET ADDRESS	301 N. FERNCREEK AVENUE SUITE A	CITY-ST-ZIP	CITY-ST-ZIP
CITY-ST-ZIP	ORLANDO, FL 32803	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	NAME	STREET ADDRESS
NAME		CITY-ST-ZIP	CITY-ST-ZIP
STREET ADDRESS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		NAME	STREET ADDRESS
TITLE	<input type="checkbox"/> Delete	CITY-ST-ZIP	CITY-ST-ZIP
NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	STREET ADDRESS
CITY-ST-ZIP		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 608, Florida Statutes.

SIGNATURE: *C. Gilliam* DATE: 4-9-05 407-891-4484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Once Daytime Phone #