


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000013598**

1. Entity Name  
**GONE FISHIN LLC**



Principal Place of Business <b>301 N. FERNCREEK AVENUE          SUITE A          ORLANDO, FL 32803</b>	Mailing Address <b>301 N. FERNCREEK AVENUE          SUITE A          ORLANDO, FL 32803</b>
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03272006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-2893027</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

8. Name and Address of Current Registered Agent

**GILLIAM, C. KEVIN  
 301 N. FERNCREEK AVENUE  
 SUITE A  
 ORLANDO, FL 32803**

**DO NOT WRITE IN THIS SPACE**

6. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2006**

000011505053  
 04/26/06-80101-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GILLIAM, C. KEVIN 301 N. FERNCREEK AVENUE SUITE A ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COOPER, SKIP 301 N. FERNCREEK AVENUE SUITE A ORLANDO, FL 32803
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**DO NOT WRITE IN THIS SPACE**

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

SIGNATURE: *C. Gilliam* **3.29.06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #