2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

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NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SECRETARY OF STATE DIVISION OF CORFORATIONS DOCUMENT # L04000022401 1. Entity Name MICKEYS SEAFOOD, LLC 06 MAR 29 PM 3: 52 Mailing Address Principal Place of Business 4438 APOLLO AVENUE 4438 APOLLO AVENUE JACKSONVILLE, FL 32226 JACKSONVILLE, FL 32226 03242006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0902484 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE VOGELSONG, KENNETH L 4438 APOLLO AVENUE JACKSONVILLE, FL 32226 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Division of Filing Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS MGR VOGELSONG, KENNETH L NAME 4438 APOLLO AVENUE STREET ADDRESS CITY-ST-7IP JACKSONVILLE, FL 32226 NAME STREET ADDRESS

7000733**94877** 05/01/06--01014--010 **50.00

V6712/06-80057-019 150.00

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 S	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 a	am a managing member or manager of the
۲	limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	

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