2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000047052

1. Entity Name

RIVER CITY SEAFOOD INTERNATIONAL, LLC



FILED Apr 04, 2007 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

233 EAST BAY STREET, 720 BLACKSTONE BLDG IACKSONVILLE, FL 32202

233 EAST BAY STREET, 720 BLACKSTONE BLDG JACKSONVILLE, FL 32202



02072007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
20-1325330		Not Applicable
5. Certificate of Status Desired	\$5.00 Fee Reg	Additional uired

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROLFE, LAWRENCE C 233 EAST BAY STREET, 720 BLACKSTONE BLDG JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE

The Obligations of registered again.		
SIGNATURE.	Signature, typed or printed name of registered agent and little if applicable	(NOTE: Registered Agent signature required when reinstatung) DATE
Fi D	lling Fee is \$50.00 ue by May 1, 2007	
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP	MANAGING MEMBERS/MANAGERS MGRM ROLFE, LAWRENCE C 233 EAST BAY STREET, 720 BLACKSTONE BLDG JACKSONVILLE, FL 32202	U00000689039 94/11/07-80020-009 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS Gift-Si-Zip		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP		
TITLE	}	$\blacksquare \exists \exists \exists \exists \forall \forall \exists \exists \exists \exists$

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

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 analytical manager of the limited liability company or the receiver of trusted improvered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

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

//9/07

Daytme Phone #