2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State
02-15-2006 90135 003 ****50.00

DOCUMENT # L04000050445

1. Entity Name
KISSIMMEE RIVER FISHING RESORT, LLC

Principal Place of Business	Mailing Address
15601 STATE ROAD #70W OKEECHOBEE, FL 34974 US	15601 STATE ROAD #70W OKEECHOBEE, FL 34974 US

01232006 No Chg-LLC CR2E083 (11/05)

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4. FEI Number
20-1441113
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ABLES, CLIFFORD M III
551 SOUTH COMMERCE AVENUE
SEBRING, FL 33870

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

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	HARRELL, SELMA
STREET ADDRESS	15601 STATE ROAD #70W
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	MGRM
NAME	JOHNSON, DIANE
STREET ADDRESS	15601 SR 70 W
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	MGRM
NAME	HARRELL, WAYNE
STREET ADDRESS	15601 SR 70 W
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

Original mailed without check - here is a copy with check

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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: Diane Johnson / Selma Harrell 863 7639658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #