2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State
03-21-2005 90539 005 ****50.00

30004971

02072005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000057689

1. Entity Name
CAPT. ROBERT FOLTZ BARELY LEGAL FISHING CHARTER, LLC

Principal Place of Business	Mailing Address
73501 OVERSEAS HWY CALOOSA COVE RESORT & MARINA ISLAMORADA, FL 33036	73501 OVERSEAS HWY CALOOSA COVE RESORT & MARINA ISLAMORADA, FL 33036

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	PO Box 606 Suite, Apt. #, etc.
City & State	City & State: Islamorada, FL
Zip / Country	Zip: 33036 / Country

4. FEI Number: 20-1506430 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAM, MONA 7453 WHITE SANDS BLVD. BLD-1, UNIT 110 NAVARRE BEACH, FL 32566 (Change Address)	Name: Ham, Mona Street Address (P.O. Box Number is Not Acceptable): Caloosa Cove Resort & Marina City: Islamorada FL Zip Code: 33036

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: Mona Ham (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, 2005

Make Check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HAM, MONA 7453 WHITE SANDS BLVD. BLD. 1, UNIT 110 NAVARRE BEACH, FL 32566 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Ham, Mona 73501 Overseas Hy Islamorada FL 33036 ☒ Change ☐ Addition (In Address)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FOLTZ, ROBERT PO BOX 606 ISLAMORADA, FL 33036 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Ham, Mona 73501 Overseas Hy Islamorada FL 33036 ☐ Change ☐ Addition (Copy over)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MGRM~~ Foltz Robert 73501 Overseas Hy Islamorada FL 33036 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Mona Ham 3-16-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #