2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

NAME STREET ADDRESS

CITY-ST-ZIP

FILED Feb 07, 2005 8:00 am

1. Entity Nam	MENT # L04000084 Fishin investors, LLC	934		02-07-2005 90279 032 ****55.00
Principal Plac	e of Business	Mailing Address		
5441 WEST I PLANTATION	BROWARD BLVD. I, FL 33317	5441 WEST BROWARI PLANTATION, FL 333		MOODIUMO
2. Principal P	lace of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02032005 Chg-LLC CR2E083 (10/03)
City & Stat	e	City & State	,,	4. FEI Number Applied For Not Applied by Applied Applied For
Zip	Country	Zip	Country	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
	SE ANTONIO ST BROWARD BLVD.		Name Street Addr	ress (P.O. Box Number is Not Acceptable)
	ION, FL 33317			
			City	FL Zip Code
the obligat	enamed entity submits this statement fo tions of registered agent.	r the purpose of changing it	s registered office or re	gistered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NC	TE: Registered Agent signature to	required when reinstating) DATE
fi D	lling Fee is \$50.00 ue by May 1, 2005	_	;	Make check payable to Florida Department of State
9.	MANAGING MEMBE	RS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	SILVA, MANUEL 5441 WEST BROWARD BLVD. PLANTATION, FL 33317	,	NAME STREET ADDRESS CITY+ST-ZIP	
TITLE NAME STREET ADDRESS	MGRM SILVA, JOSE ANTONIO 5441 WEST BROWARD BLVD.	☐ Delote	TITLE NAME STREET ADDRESS	☐ Change ☐ Additio
CITY-ST-ZIP	PLANTATION, FL 33317	Delate	CITY-ST-ZIP TITLE	☐ Change ☐ Additio
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TITLE		□ Delete	TITLE	☐ Change ☐ Additio

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.

NAME

STREET ADDRESS CITY-ST-ZIP

BIONATURE AND TYPES OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Day	Daytime Phone #	
SIGNATURE: MM Manuel SilvA 2:305 9543/6	1/298	