2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005
Secretary of State

DOCUMENT# L04000089100

Entity Name: FISHIN TAILS, LLC

Current Principal Place of Business:

629 IDLEWYLD DRIVE
FORT LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

629 IDLEWYLD DRIVE
FORT LAUDERDALE, FL 33301 US

New Mailing Address:

2612 ALAMANDA CT
FORT LAUDERDALE, FL 33301 US

FEI Number: 16-1711629 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOVERN, ROBERT W
629 IDLEWYLD DRIVE
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	LOVERN, ROBERT W	
Address:	629 IDLEWYLD DRIVE	
City-St-Zip:	FORT LUDERDALE, FL 33301 US	
Title:	MGRM	( ) Delete
Name:	LOVERN, JOHN F	
Address:	2612 ALAMANDA COURT	
City-St-Zip:	FORT LAUDERDALE, FL 33301	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOHN F LOVERN MGRM 02/14/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date