2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 08, 2005 8:00 am Secretary of State

DOCUMENT # L04000090480 1. Sentity Name SANDCREEK CATFISH, LLC					.		. ry 01 St 90041 020 ****5	
Principal Place of Business 8461 LOOSA DRIVE CRESTVIEW, FL 32539		Mailing Address PO BOX 2142 CRESTVIEW, FL 32539						
Í					LUMANARIA	41 11 6 111 6 211 6 22	I BRIAD (CITY BRIAD BATTARAN) R	
2. Principal Place of Business		3. Malling Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07072005	Chg-LLC	CR2E083 (10/03)	1	
City & State		. City & State		4. FEI Numba	6-260	1229 A	pplied For ot Applicable	
Zip	Country	Zip	Cour	ıtry		of Status Desired	\$5.00 Ad Fee Require	
	6. Name and Address of Current F	tnegA banstatge?		Name	7. Name and	Address of New A	egistered Agent	
PARKER, BOBBY J								
8461 LOO CRESTVIE	SA DRIVE EW, FL 32539	Street Address (P.Q. Bax Numbe	r is Not Acceptable) 		
<u> </u>						·		
				City			FL Zip Coo	de
	named entity submits this statement for tions of registered agent.	the purpose of changing its	s register	ed affice or register	ed agent, or both	n, in the State of Flor	rida. İ əm familiar with	, and accept
SIGNATURE.	Signature, typoed or printed name of registered agent as	nd site il applicable. (NO	TE: Regalete	Appent signature recurred	when resistating)		DATE	·
Filing Fee is \$50.00 Due by September 7, 2005				i	Make check payable to Fioride Department of State			
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9.	by September 7, 2005 MANAGING MEMBER MGR	RS/MANAGERS	TITLE	,		Florida	Department of Stat	Addition
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGR PARKER, BOBBY J PO BOX 2142		TITLE HAM STRE	,		Florida	Department of Stat	
9. TITLE MAME STREET ADDRESS CITY-ST-DP TITLE	MANAGING MEMBER MGR PARKER, BOBBY J		TITLE HAM STRE CITY	E ET ADDRESS -S1-ZP		Florida	Department of Stat	
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SIGNATURE: 1800 SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING WAYAGING MEMBER, MANAGER, DR AUTHORIZED REPRESENTATIVE DELY DEVENTATION P