2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
Jul 14, 2006 8:00 am
Secretary of State

05-22-2006 90207 002 ****55.00

DOCUMENT # L05000022702

1. Entity Name

BETTER BAIT SYSTEMS, LLC

Principal Place of Business	Mailing Address
1008 CALICO JACK CIRCLE CUDJOE KEY FL 33042 US	1008 CALICO JACK CIRCLE CUDJOE KEY FL 33042 US

1st MOORE CR2E083 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number ☑ 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
CORPORATION SERVICE COMPANY- 1201 HAYS STREET TALLAHASSEE FL 32301	Name: Charles Fricke Street Address (P.O. Box Number is Not Acceptable): 1008 Calico Jack Circle City: Cudjoe Key FL Zip Code: 33042

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: Charles Fricke — Charles Fricke — 5-1-06

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FRICKE, CHARLES	NAME	
STREET ADDRESS	1008 CALICO JACK CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	CUDJOE KEY FL 33042	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FRICKE, CHARLES III	NAME	
STREET ADDRESS	22941 CAPTAIN KID LN	STREET ADDRESS	
CITY-ST-ZIP	CUDJOE KEY FL 33042	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FRICKE, SCOTT	NAME	
STREET ADDRESS	23014 WAHOO LN	STREET ADDRESS	
CITY-ST-ZIP	CUDJOE KEY FL 33042	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FRICKE, THOMAS	NAME	
STREET ADDRESS	29836 JOURNEYS END RD	STREET ADDRESS	
CITY-ST-ZIP	BIG PINE FL 33043	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

305-304-2661

SIGNATURE: Charles Fricke — Charles Fricke — 5-1-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #