

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000022702

FILED
May 04, 2008
Secretary of State

Entity Name: BETTER BAIT SYSTEMS, LLC

Current Principal Place of Business:

1008 CALICO JACK CIRCLE
CUDJOE KEY, FL 33042 US

New Principal Place of Business:

Current Mailing Address:

1008 CALICO JACK CIRCLE
CUDJOE KEY, FL 33042 US

New Mailing Address:

FEI Number: 30-0406590 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FRICKE, CHARLES
1008 CALICO JACK CIRCLE
CUDJOE KEY, FL 33042 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/MANAGERS:

Title: MGRM () Delete
Name: FRICKE, CHARLES
Address: 1008 CALICO JACK CIRCLE
City-St-Zip: CUDJOE KEY, FL 33042 US

Title: MGRM () Delete
Name: FRICKE, CHARLES III
Address: 22941 CAPTAIN KID LN
City-St-Zip: CUDJOE KEY, FL 33042 US

Title: MGRM () Delete
Name: FRICKE, SCOTT
Address: 23014 WAHOO LN
City-St-Zip: CUDJOE KEY, FL 33042 US

Title: MGRM () Delete
Name: FRICKE, THOMAS
Address: 29836 JOURNEYS END RD
City-St-Zip: BIG PINE, FL 33043 US

ADDITIONS/CHANGES:

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

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

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 exemption stated in Chapter 119, 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: CHARLES FRICKE

MGRM

05/04/2008

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