2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029005

Name:

Address:

City-St-Zip:

1375 OCEAN BLVD.

ATLANTIC BEACH, FL 32233

Entity Name: CATCH AND RELEASE VENTURES, LLC

FILED Jan 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4704 SHORE DRIVE ST. AUGUSTINE, FL 32086 **Current Mailing Address: New Mailing Address:** 4704 SHORE DRIVE ST. AUGUSTINE, FL 32086 FEI Number: 20-2544438 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARKEY, BRADLEY R LAFLEUR, NINA M 50 N. LAÚRA STREET, SUITE 1600 2730 US1 SOUTH **JACKSONVILLE** SUITE Q FL, FL 32202 US ST AUGUSTINE, FL 32086 US 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: NINA M. LAFLEUR 01/15/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete PADERA, CHARLES A Name: Name: 4704 SHORE DRIVE Address: Address: City-St-Zip: ST. AUGUSTINE, FL 32086 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: LAFLEUR, NINA M Name: Address: 4704 SHORE DRIVE Address: City-St-Zip: ST. AUGUSTINE, FL 32086 City-St-Zip: Title: MGR () Delete Title: () Change () Addition MESIANO, MICHAEL D Name: Name: Address: 1375 OCEAN BLVD. Address: City-St-Zip: ATLANTIC BEACH, FL 32233 City-St-Zip: Title: MGR () Delete Title: () Change () Addition MESIANO, SANDRA T

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.

Name:

Address:

City-St-Zip:

SIGNATURE: NINA M. LAFLEUR 01/15/2009