

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000050848

1. Entity Name
FLORIDA FISHING WEEKLY, LLC



Principal Place of Business
1070 E. INDIANTOWN ROAD, SUITE 200
JUPITER, FL 33477

Mailing Address
1070 E. INDIANTOWN ROAD, SUITE 200
JUPITER, FL 33477

FILED
Aug 18, 2008 08:00 AM
Secretary of State



08142008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

41-2177150

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLORIDA FISHING WEEKLY/JOSEPH HIGGINS
1070 E INDIANTOWN RD
STE 2CC
JUPITER, FL 33977

**DO NOT WRITE
IN THIS SPACE**

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

Thomas Higgins
Signature, typed or printed name of registered agent and title if applicable

CEO

(NOTE: Registered Agent signature required when reinstating)

DATE

8/13/08

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE	CEO
NAME	LEONARD, WILLIAM (BILL)
STREET ADDRESS	28 PANORAMA
CITY-ST-ZIP	COTA DE CAZA, CA 92679
TITLE	P
NAME	HIGGINS, JOSEPH F
STREET ADDRESS	1070 E INDIANTOWN RD STE 2CC
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	CFO
NAME	HIGGINS, THOMAS
STREET ADDRESS	610 E VIRGINIA ST
CITY-ST-ZIP	GLENDOVA, CA 91741
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000957932
08/18/08-80009-002 138.75

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

J. F. Higgins Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #