



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90041 023 ****50.00

DOCUMENT # L05000055106					
1. Entity Name BIG FISH OF FLORIDA, LLC					
Principal Place of Business 106 NORTH OSCEOLA AVENUE INVERNESS, FL 34450			Mailing Address 106 NORTH OSCEOLA AVENUE INVERNESS, FL 34450		
2. Principal Place of Business 111 West Main Street Suite, Apt. #, etc. Suite 3L City & State Inverness, FL Zip 34450		3. Mailing Address P.O. Box 5054 Suite, Apt. #, etc. City & State Inverness, FL Zip 34450			
07132006 Chg-LLC CR2E083 (11/05)				4. FEI Number 20-3027303	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KOVACH, MICHAEL T JR ESQ C/O KOVACH, KOVACH & RODRIGUEZ 106 NORTH OSCEOLA AVENUE INVERNESS, FL 34450			7. Name and Address of New Registered Agent Name Michael T. Kovach, Jr. Esquire Street Address (P.O. Box Number is Not Acceptable) 70 Kovach & Associates, P.A. 111 West Main Street, 3L City Inverness FL Zip Code 34450		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE MGRM NAME KOVACH, MICHAEL T JR STREET ADDRESS 106 N. OSCEOLA AVENUE CITY-ST-ZIP INVERNESS, FL 34450	<input type="checkbox"/> Delete		TITLE MGRM NAME Kovach, Michael T Jr STREET ADDRESS 111 West Main St, Suite 3L CITY-ST-ZIP Inverness, FL 34450	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME BENNETT, BART C STREET ADDRESS 8614 E. AQUARIUS DRIVE CITY-ST-ZIP INVERNESS, FL 34450	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME ROGERS, MARK R STREET ADDRESS 831 SWEET PINE POINT CITY-ST-ZIP INVERNESS, FL 34452	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date _____				Daytime Phone # _____	