## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Jan 26, 2007 8:00 am Secretary of State DOCUMENT # L05000055106 01-26-2007 90081 025 \*\*\*\*50 00 BIG FISH OF FLORIDA, LLC Principal Place of Business Mailing Address 500031ac 111 WEST MAIN STREET PO BOX 5056 INVERNESS, FL 34450 STE 3L INVERNESS, FL 34450 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 151E. Highland Blvd. Suite, Apt #, etc P.O. Box 635 Suite, Apt. #, etc. 01082007 Chg-LLC CR2E083 (12/06) <u>Suite 16</u>1 City & State City & State 4. FEI Number Applied For 20-3027303 Inverness, Not Applicable Inverness, Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired 34452 USA 34451 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Michael T. Kovach, Jr. Esq. KOVACH, MICHAEL T JR ESQ Street Address (P.O. Box Number is Not Acceptable) c/o Kovach & Associates, P.A. C/O KOVACH, KOVACH & RODRIGUEZ 111 WEST MAIN STREET 3L INVERNESS, FL 34450 151 E. Highland Blvd. Suite 161 CityInverness Zio Code 34452 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 lamiliar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM 🗖 Change MGRM Delete Addition TITLE THILE Kovach, Michael T. Jr. 151 E. Highland Blvd. Suite 161 NAME KOVACH MICHAEL TUR MAME STREET ADDRESS 111 WEST MAIN ST. STE 3L STREET ADDRESS CHY-ST-ZIP INVERNESS, FL 34450 CITY-ST-ZIP Inverness, FL 34452 Change Addition MGRM TITLE Delete BENNETT, BART C MAMS STREET ADDRESS STREET ADDRESS 8614 E. AQUARIUS DRIVE CITY-ST-7IP INVERNESS, FL 34450 CITY-ST-ZIP ☐ Change Addition MGRM TITLE Delete ROGERS, MARK R MAME STREET ADDRESS | 831 SWEET PINE POINT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INVERNESS, FL 34452 ☐ Change Addition | ☐ Delete HHE TITLE HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 11. Thereby certify that the information supplied with this filling 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 injury 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 received or frusted empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

TING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NATURE AND TYPED OR

**FILED**