2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000069281

Entity Name: FISH TALES, L.L.C.

FILED Jaņ 06, 2<u>00</u>6 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1717 INDIAN RIVER BLVD., SUITE 301 1717 INDIAN RIVER BLVD. VERO BEACH, FL 32960

SUITE 201

VERO BEACH, FL 32960

Current Mailing Address: New Mailing Address:

1717 INDIAN RIVER BLVD. 1717 INDIAN RIVER BLVD., SUITE 301 VERO BEACH, FL 32960

SUITE 201

VERO BEACH, FL 32960

FEI Number: 20-3195202 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:

BARKETT, ERIC C SCHULKE, JOSEPH W 1717 INDIÁN RIVER BLVD., SUITE 301 1717 INDIÁN RIVER BLVD. VERO BEACH, FL 32960 SUITE 201

VERO BEACH, FL 32960 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: JOSEPH SCHULKE 01/06/2006

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Change () Addition () Delete

SCHULKE, JOSEPH W Name: Name: 59 BLUE ISLAND STREET Address: Address: City-St-Zip: SEBASTIAN, FL 32958 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

BITTLE, JODAH B Name: Name: Address: 1875 TARPON LANE, APT, 203 Address: City-St-Zip: VERO BEACH, FL 32960 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition STODDARD, WILLIAM P Name: STODDARD, WILLIAM P Name: 1945 SURFSIED TERRACE 1945 SURFSIDE TERRACE Address: Address:

City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: VERO BEACH, FL 32963

Title: MGRM () Delete Title: () Change () Addition

Name: BARKETT, GEOFFREY K Name: Address: 475 - 45TH AVENUE Address: City-St-Zip: VERO BEACH, FL 32968 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH SCHULKE **MGRM** 01/06/2006