

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000070525

1. Entity Name
SHACK BAITs, LLC



Principal Place of Business
**15051 PUNTA RASSA ROAD
FORT MYERS, FL 33908**

Mailing Address
**15051 PUNTA RASSA ROAD
FORT MYERS, FL 33908**



01092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3341495	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NICHOLS, JAMES L ESQUIRE
8191 COLLEGE PARKWAY
SUITE 204
FORT MYERS, FL 33919**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000583996
01/12/07-80019-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KNIGHT, STEEVEN 15051 PUNTA RASSA RD FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EAGLE, GREG 3818 DELPRADO BLVD SOUTH CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAGE, STEPHEN 15051 PUNTA RASSA RD FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEPHENS, DAVIS W 15051 PUNTA RASSA RD FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: _____

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

JESSICA RODRIGUEZ, EXEC. ASST.

Date

Daytime Phone #

1/9/07 239-489-2909