# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 28, 2009**
**Secretary of State**

DOCUMENT# L05000070525

**Entity Name:** SHACK BAITS, LLC

**Current Principal Place of Business:**

15051 PUNTA RASSA ROAD
FORT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

15051 PUNTA RASSA ROAD
FORT MYERS, FL 33908

**New Mailing Address:**

**FEI Number: 20-3341495** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**MANAGING MEMBERS/MANAGERS:**

| | | |
|---|---|---|
| Title: | MGR | ( ) Delete |
| Name: | KNIGHT, STEEVEN | |
| Address: | 15051 PUNTA RASSA RD | |
| City-St-Zip: | FORT MYERS, FL 33908 | |
| Title: | MGR | ( ) Delete |
| Name: | EAGLE, GREG | |
| Address: | 3818 DELPRADO BLVD SOUTH | |
| City-St-Zip: | CAPE CORAL, FL 33904 | |
| Title: | MGR | ( ) Delete |
| Name: | PAGE, STEPHEN | |
| Address: | 15051 PUNTA RASSA RD | |
| City-St-Zip: | FORT MYERS, FL 33908 | |
| Title: | MGR | ( ) Delete |
| Name: | STEPHENS, DAVIS W | |
| Address: | 15051 PUNTA RASSA RD | |
| City-St-Zip: | FORT MYERS, FL 33908 | |

**ADDITIONS/CHANGES:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify 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: APRIL MILLER OM 01/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date