# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 21, 2007**
**Secretary of State**

DOCUMENT# L05000072572

**Entity Name:** WOUND TIGHT FISHING TEAM, LLC

**Current Principal Place of Business:**

4475 MANUCY ROAD
ST. AUGUSTINE, FL

**New Principal Place of Business:**

**Current Mailing Address:**

4475 MANUCY ROAD
ST. AUGUSTINE, FL

**New Mailing Address:**

**FEI Number: 20-3196335** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

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

MULLIGAN, THOMAS
4475 MANUCY ROAD
ST. AUGUSTINE, FL 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: MGRM ( ) Delete
Name: MULLIGAN, THOMAS W
Address: 4475 MANUCY ROAD
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGRM ( ) Change (X) Addition
Name: SCHARFSCHWERDT, JAMES H
Address: P.O. BOX 860276
City-St-Zip: ST. AUGUSTINE, FL 32086 02

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: JAMES H. SCHARFSCHWERDT MGRM 05/21/2007

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