


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90113 019 \*\*\*\*50.00

DOCUMENT # L05000076347		
1. Entity Name UP TO IT FISHING, LLC		

Principal Place of Business 1500 MIRACLE STRIP PARKWAY FT. WALTON, FL 32548 US	Mailing Address 1500 MIRACLE STRIP PARKWAY FT. WALTON, FL 32548 US
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2. Principal Place of Business - No P.O. Box # 1320 Miracle Strip Pkwy Suite, Apt. #, etc. ste 400 City & State Ft Walton Beach, FL Zip 32548 Country OKaloosa	3. Mailing Address 1320 Miracle Strip Pkwy Suite, Apt. #, etc. ste 400 City & State Ft Walton Beach, FL Zip 32548 Country OKaloosa
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04042007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3253170	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SALVATORI & WOOD, P.L. 4001 TAMiami TRAIL NORTH SUITE 330 NAPLES, FL 34103	7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code
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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.

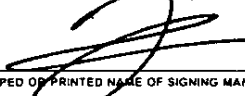
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOLBERT, FRED E III 1500 MIRACLE STRIP PARKWAY FT. WALTON, FL 32548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Tolbert, Fred E. III 1320 miracle strip Pkwy ste 400 Ft Walton Beach, FL 32548 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Fred E Tolbert III 4/18/07 850-862-5600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #