2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000079185

1. Entity Name
SAILFISH ENTERPRISES, LLC

Principal Place of Business	Mailing Address
2139 PALM BEACH LAKES BLVD. WEST PALM BEACH, FL 33409	2139 PALM BEACH LAKES BLVD. WEST PALM BEACH, FL 33409

DO NOT WRITE IN THIS SPACE

02062007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
11-3761167	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NORRIS, DAVID B
712 U.S. HIGHWAY ONE, SUITE 400
NORTH PALM BEACH, FL 33408

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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_____

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

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	PONCY, MARK
STREET ADDRESS	2139 PALM BEACH LAKES BLVD
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	MGR
NAME	SCAROLA, JOHN
STREET ADDRESS	2139 PALM BEACH LAKES BLVD
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/21/07-90055-009 50.00

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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   Date   Daytime Phone #