2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L05000099562



FILED Apr 25, 2006 8:00 am Secretary of State

| 1. Entity Name ANNE'S WHOLESALE TACKLE, LLC | | | | | 04-25-2006 9 | 90019 031 | 7 ****50 | .00 |
|--|--------------------------------|---|--|--------------------|--|--|-------------------------|---------------------------|
| Principal Place of Business | Mailing Address | | | | | | | |
| 27210 LOST LAKE DRIVE 27210 LOST LAKE DRIVE PAISLEY, FL 32767 PAISLEY, FL 32767 | | IVE | | | | | | |
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| 2. Principal Place of Business | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | , | 01052006 | Chg-LLC | CR2E08 | 33 (11/05) | |
| City & State | City & State | | | 4. FEI Number | 38-0079 | | <u> </u> | plied For t Applicable |
| Zip Country | Zip | Country | | 5. Certificate o | f Status Desired | | 5.00 Add ee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | | | |
| FLESHMAN, ANNE | | | Name | | | | | |
| 27210 LOSŤ LAKE DRIVE PAISLEY, FL 32767 | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | City | FL Zip Code | | | | |
| The above named entity submits this statement fithe obligations of registered agent. | or the purpose of changing its | s registered | d office or register | red agent, or both | , in the State of Flo | orida. I am fa | amiliar with, | and accept |
| SIGNATURE Signature, typed or printed name of registered agen | and tate if applicable. (NOT | E: Registered / | Agent signature required | when reinstating) | | DATE | | |
| | | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | | | | e check pa Departme | | |
| 9. MANAGING MEMB | MANAGING MEMBERS/MANAGERS 10 | | | | ADDITIONS/ | CHANGES | | |
| TITLE MGR | Delete | TITLE | | | | | ☐ Change | Addition |
| NAME FLESHMAN, ANNE | | | | | | | | |
| STREET ADDRESS 27210 LOST LAKE DRIVE | | name Street | ADDRESS | | | | | į |
| STREET ADDRESS 27210 LOST LAKE DRIVE PAISLEY, FL 32767 | | _ | ADORESS ST-ZIP | | | | | |
| CIY-SI-ZP PAISLEY, FL 32767 TITLE | ☐ Delete | STREET | 1 | | | | Change | Addition |
| CITY-ST-ZIP PAISLEY, FL 32767 TITLE NAME | ☐ Delete | STREET CITY-S TITLE NAME | 5T-ZIP | | | | ☐ Change | ☐ Addition |
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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.

E. WYND AT Phine L. Fighmon.
Ture and typed or printed name of signing managing member, manager, or authorized representative

352-669-6025