

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

DOCUMENT # L05000123644

1. Entity Name

2001 SAILFISH, LLC



Principal Place of Business

1 RAILROAD AVE.
COOPERTOWN NY 13326
US

Mailing Address

1 RAILROAD AVE.
COOPERTOWN NY 13326
US

2. Principal Place of Business - No P.O. Box #

331 Seminary Rd

Suite, Apt. #, etc.

3. Mailing Address

331 Seminary Rd

Suite, Apt. #, etc.

City & State

Milford NY

Zip 13807

Country USA

City & State

Milford NY

Zip 13807

Country USA

4. FEI Number

43-2101740

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/07)



6. Name and Address of Current Registered Agent

BODEM, LOREN E
947 SE CENTRAL PARKWAY
STUART FL 34994

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 file if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME RICH, WALTER G
STREET ADDRESS 1 RAILROAD AVE.
CITY-ST-ZIP COOPERTOWN NY 13326

TITLE MGR
NAME RICH, KARINE M
STREET ADDRESS 1 RAILROAD AVE.
CITY-ST-ZIP COOPERTOWN NY 13326

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS 331 Seminary Rd
CITY-ST-ZIP Milford NY 13807

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

6/30/08

607 547 5253

Date

Daytime Phone #