

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

9/12/2007-90055-001-\$100.00-\$50.00

SECRET
DIVISION

07 OCT -4 PM 3: 02



2nd MOORE CR2E083 (4/07)

DOCUMENT # L06000018586 1. Entity Name FISTER SLIP, LLC					
Principal Place of Business 11263 BIENVENIDA WAY FT. MYERS FL 33919			Mailing Address C/O FISTER PROPERTIES, INC. 812 LYNDON LANE LOUISVILLE KY 40223		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 61-1149366	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FISTER, PATRICK 11263 BIENVENIDA WAY FT. MYERS FL 33919			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FISTER, PATRICK 11263 BIENVENIDA WAY FT. MYERS FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:			Date: 8/31/07 502 339 1990		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					