

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000018586

FILED  
May 28, 2009  
Secretary of State

**Entity Name:** FISTER SLIP, LLC

**Current Principal Place of Business:**

11263 BIENVENIDA WAY  
FT. MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

C/O FISTER PROPERTIES, INC.  
812 LYNDON LANE, SUITE 102  
LOUISVILLE, KY 40222

**New Mailing Address:**

FEI Number: 61-1149366      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

FISTER, PATRICK  
11263 BIENVENIDA WAY  
FT. MYERS, FL 33919      US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: FISTER, PATRICK  
Address: 11263 BIENVENIDA WAY  
City-St-Zip: FT. MYERS, FL 33919

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PATRICK FISTER

MGRM

05/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date