2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# L06000019153

Entity Name: CRAWFISH FISHING TEAM, LLC

Current Principal Place of Business:

96080 PARLIAMENT DRIVE
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

96080 PARLIAMENT DRIVE
FERNANDINA BEACH, FL 32034

New Mailing Address:

FEI Number: 20-4359020 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRAWFORD, WILLIAM K JR.
3695 PARLIAMENT DRIVE
FERNANDINA BEACH, FL 32034` US

Name and Address of New Registered Agent:

CRAWFORD, WILLIAM K JR.
96080 PARLIAMENT DRIVE
FERNANDINA BEACH, FL 32034` 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: _____ 04/24/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CRAWFORD, WILLIAM K JR.
Address: 3695 PARLIAMENT DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGRM ( ) Delete
Name: GEISE, JOHN R JR.
Address: 3560 CARDINAL POINT DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CRAWFORD, WILLIAM K JR.
Address: 96080 PARLIAMENT DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

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: WILLIAM K. CRAWFORD JR. MGRM 04/24/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date