

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000023997

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Entity Name:** FISH TALES CHARTERS, LLC

**Current Principal Place of Business:**

501 NAUTILUS DRIVE  
PORT ST JOE, FL 32456 US

**New Principal Place of Business:**

**Current Mailing Address:**

501 NAUTILUS DRIVE  
PORT ST JOE, FL 32456 US

**New Mailing Address:**

PO BOX 13637  
MEXICO BEACH, FL 32410 US

**FEI Number:** 75-3211624

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TRAVERS, ROBERT S  
501 NAUTILUS DRIVE  
PORT ST JOE, FL 32456 US

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

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  
Name: ROBERT S. TRAVERS REVOCABLE TRUST  
Address: 501 NAUTILUS DRIVE  
City-St-Zip: PORT ST JOE, FL 32456 US

I hereby 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: ROBERT S TRAVERS REVOCABLE TRUST

MGRM

03/14/2011

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