2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
Apr 16, 2007 8:00 am
Secretary of State

03-23-2007 90173 029 ****50.00

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1st MOORE CR2E083 (10/06)

DOCUMENT # L06000029762

1. Entity Name

BILLY BONES BAIT-N -TACKLE SHOP LLC

Principal Place of Business	Mailing Address
10602 S. FEDERAL HWY. PORT ST LUCIE FL 34952	154 NE TWYLITE TERRACE PORT ST LUCIE FL 34983

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 36-4606946 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HROBAK, BRUCE P 154 NE TWYLITE TERRACE PORT ST LUCIE FL 34983	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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES — Just Address		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HROBAK, BRUCE P 154 NE TWYLITE TERRACE PORT ST LUCIE FL 34983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	372 NE Surfside Ave Port ST Lucie, FLA, 34983	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HROBAK, DEBRA L 154 NE TWYLITE TERRACE PORT ST LUCIE FL 34983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Just Address 372 NE Surfside Ave Port ST Lucie, FLA, 34983	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Bruce Hrobak [signature] 3/10/07 772-335-3715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #