2008 LIMITED MABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000035565

1. Entity Name
THE GOLDFISH CLUB, LLC



FILED
May 02, 2008 08:00 Al
Secretary of State

Principal Place of Business

Mailing Address

687 ALDERMAN RD.

687 ALDERMAN RD.

219

219

DO NOT WRITE IN THIS SPACE

PALM HARBOR, FL 34683 PALM HARBOR, FL 34683



04232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KROHN, TODD A 687 ALDERMAN RD. 219

PALM HARBOR, FL 34683

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IN	THIS	SSF	ACE	

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)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	KROHN, TODD A		
STREET ADDRESS	687 ALDERMAN RD., #219		
CITY-ST-ZIP	PALM HARBOR, FL 34683		
TITLE			
NAME			
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CITY - ST - ZIP			
11. I hereby	11. I hereby certify that the information supplied with this filling does not qualify for the ex-		

DO NOT WRITE IN THIS SPACE

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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING IN

MANAGING MEMBER, OR AUTHORIZED REPRESENTATIV

04/30/0

Daytime Phone #