

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90378 005 ****50.00

DOCUMENT # L06000054245 1. Entity Name INLAND SHRIMP PRODUCERS, LLC					
Principal Place of Business 4116 LAMSON AVENUE SPRING HILL, FL 34608 US			Mailing Address 4116 LAMSON AVENUE SPRING HILL, FL 34608 US		
2. Principal Place of Business - No P.O. Box # 4417 Calienta St. Suite, Apt. #, etc.		3. Mailing Address 4314 Lamson Ave. Suite, Apt. #, etc.			
City & State Hernando Beach, FL Zip Country 34607 USA		City & State Spring Hill, FL Zip Country 34608 USA		4. FEI Number 20-4954419 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				03062007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent GIESE, STEVEN 4116 LAMSON AVENUE SPRING HILL, FL 34608			7. Name and Address of New Registered Agent Name Steven Giese Street Address (P.O. Box Number is Not Acceptable) 1301 Tyler Ave. City State Zip Code Spring Hill FL 34608		
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 <u><i>Steven Giese Mgrm</i></u> DATE <u>5/1/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIESE, STEVEN M 4116 LAMSON AVENUE SPRING HILL, FL 34608 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Giese, Steven M. 1301 Tyler Ave. Spring Hill, FL 34608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Steven Giese Mgrm
Steven Giese, Mgrm

5/1/07

(352) 279-0765