FILED Aug 09, 2007 8:00 am Secretary of State

ANNUAL REPORT	4 1
DOCUMENT #1 06000067711	

1. Entity Nam	MENT # L0600006 ORK WITH PLAY FISHIN					90019 042 ****5		
	e of Business HARBOR DRIVE AND, FL 32953 US	Mailing Address P. O. BOX 236186 COCOA, FL 32923	US		UUUUTT	U U		
2. Principal P	Place of Business - No P.O. Box # AS ABOVE	3. Mailing Address SAME AS	A BOU	JE				
Suite, Apt.		Suite, Apt. #, etc.	•	0802200	7 Chg-LLC	CR2E083 (12/06)		
City & State	е	City & State		4. FEI Nui	nber 782 <i>8.5</i>		oplied For ot Applicable	
Zip	Country	Zip	Country		ate of Status Desired	S5.00 Add Fee Raquire		
	S. Nems and Address of Curr	ent Registered Agent			nd Address of New R	egistered Agent		
MIYON K	EITH W		Name	\mathcal{N} . \mathcal{A} .				
MIXON, KEITH W 206 NW 21ST STREET GAINESVILLE, FL 32603			Street	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Cod	e	
	named entity submits this statementions of registered agent.	t for the purpose of changing its	registered office	or registered agent, or	both, in the State of Flo	rida. I am familiar with,	and accept	
SIGNATURE .	Signature, typed or orinted name of registered a	gent and title if opulicable (NOT	E Registered Agent sign	ature required when reinstating		DATE		
Fil Due t	ling Fee is \$50.00 by September 14, 2007					e check payable to Department of Stat	e	
Fil	by September 14, 2007	IBERS/MANAGERS	10		Florida	CHANGES	e	
Fil Due t	by September 14, 2007	IBERS/MANAGERS	10.	MANAGE	Florida	CHANGES	e Addition	
9. VITLE NAME	by September 14, 2007		TITLE NAME	MANAGE KEITH	Florida	CHANGES		
9. YITLE NAME STREET ADDRESS	by September 14, 2007		TITLE NAME STREET ADDRESS	MANAGE KEITH 206 NW	Florida	CHANGES		
9. YITLE NAME STREET ADDRESS CHY-ST-ZIP	by September 14, 2007	☐ Delete	NAME STREET ADDRESS CITY ST ZIP	MANABE KEITH I 206 NW GAINESU	Florida	CHANGES M/XON Change	Addition	
9. 11TLE NAME STREET ADDRESS CHY-ST-ZIP TITLE	by September 14, 2007		UILE NAME STREET ADDRESS CITY ST ZIP	MANAGE KEITH I 206 NW GAINESU	Florida	CHANGES		
9. YITLE NAME STREET ADDRESS CHY-ST-ZIP	by September 14, 2007	☐ Delete	NAME STREET ADDRESS CITY ST ZIP		Florida	CHANGES M/XON Change	Addition	
9. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	by September 14, 2007	☐ Delete	ITTLE NAME STREET ADDRESS CITY ST ZIP TITLE NAME		Florida	CHANGES M/XON Change	Addition	
9. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	by September 14, 2007	☐ Delete	HILE NAME STREET ADDRESS CHY ST ZIP HILE NAME STREET ADDRESS		Florida	CHANGES M/XON Change	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	by September 14, 2007	☐ Delete	HILE NAME STREET ADDRESS CITY ST ZIP HILE NAME STREET ADDRESS CITY ST-ZIP HILE NAME		Florida	CHANGES M/XON Change 32603 Change	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	by September 14, 2007	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS		Florida	CHANGES M/XON Change 32603 Change	Addition	
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9. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	by September 14, 2007	☐ Delete ☐ Delete ☐ Delete ☐ Delete	HILE NAME SIRELI ADDRESS CHY SI ZIP HILE NAME		Florida	CHANGES CHANGES Change Change Change Change	Addition Addition Addition	
9. 11TLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEN	☐ Delete ☐ Delete ☐ Delete ☐ Delete	HILE NAME SIRELI ADDRESS CHY SI ZIP		Florida	CHANGES CHANGES Change Change Change Change	Addition Addition Addition Addition	
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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.

8-6-0)

321-212-8484