


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90465 030 \*\*\*\*50.00

<b>DOCUMENT # L06000084341</b>	
1. Entity Name <b>THE CAPTAIN KEVIN LLORENTE MEMORIAL BILLFISH TOURNAMENT, LLC</b>	

40037671



03122007 Chg-LLC CR2E083 (12/06)

Principal Place of Business <b>2801 PONCE DE LEON BLVD. SUITE 1000 CORAL GABLES, FL 33134</b>		Mailing Address <b>2801 PONCE DE LEON BLVD. SUITE 1000 CORAL GABLES, FL 33134</b>	
2. Principal Place of Business - No P.O. Box # <b>95 MERRICK WAY Suite, Apt. #, etc. suite 250</b>		3. Mailing Address <b>95 MERRICK WAY Suite, Apt. #, etc. suite 250</b>	
City & State <b>CORAL GABLES, FL</b>		City & State <b>CORAL GABLES, FL</b>	
Zip <b>33134</b>	Country	Zip <b>33134</b>	Country

4. FEL Number <b>20-5521269</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>VENTO, OSVALDO M 6991 SW 8 ST MIAMI, FL 33144</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 *Osvaldo M. Vento* DATE 3/14/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR VENTO, OSVALDO M 6991 SW 8 ST MIAMI, FL 33144</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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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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

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: *Osvaldo M. Vento* **OSVALDO M. VENTO** 3/14/07 (805) 261-1155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #