2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097873

Entity Name: MOENNING BROTHERS FISHING, LLC

7130 SCARLET SAGE COURT

PUNTA GORDA, FL 33955

Address:

City-St-Zip:

FILED Mar 27, 2008 Secretary of State

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
	RLET SAGE COURT ORDA, FL 33955				
Current Mailing Address:			New Mailing Address:		
99 NESBIT PUNTA G	STREET ORDA, FL 33950				
FEI Number:	: 20-5713829 FEI I	Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
HOLMES, DAVID A 99 NESBIT STREET PUNTA GORDA, FL 33950 US			99 NESBIT ŠTREE	MOENNING, DANIEL A 99 NESBIT STREET PUNTA GORDA, FL 33950 US	
	named entity submit e of Florida.	s this statement for the p	ourpose of changing its regist	ered office or registered agent, or both,	
SIGNATURE: DANIEL MOENNING				03/27/2008	
	Electronic Sig	nature of Registered Ag	ent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete MOENNING, JOHN PO BOX 754 BOCA GRANDE, FL 33	3921	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete MOENNING, MERLE PO BOX 754 BOCA GRANDE, FL 33921		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete MOENNING, DANIEL 7130 SCARLET SAGE PUNTA GORDA, FL 33		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	MGRM () Delete MOENNING, MICHELL		Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

SIGNATURE: DANIEL MOENNING DR 03/27/2008