

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000105834

Entity Name: BUDDY WARD SEAFOOD, LLC

FILED  
Mar 19, 2009  
Secretary of State

## Current Principal Place of Business:

233 WATER STREET  
APALACHICOLA, FL 32390

## New Principal Place of Business:

233 WATER STREET  
APALACHICOLA, FL 32320

## Current Mailing Address:

P.O. BOX 697  
APALACHICOLA, FL 32329

## New Mailing Address:

FEI Number: 20-8100864

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WARD, WALTER MACK  
2620 BLUFF ROAD  
APALACHICOLA, FL 32320 US

## Name and Address of New Registered Agent:

WARD, WALTER M  
2620 BLUFF ROAD  
APALACHICOLA, FL 32320 US

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.

SIGNATURE: WALTER M. WARD

03/19/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: WARD, WALTER MACK  
Address: 2620 BLUFF ROAD  
City-St-Zip: APALACHICOLA, FL 32320

Title: MGR ( ) Delete  
Name: WARD, THOMAS L  
Address: 137 LONG ROAD  
City-St-Zip: APALACHICOLA, FL 32320

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: WARD, WALTER M  
Address: 2620 BLUFF ROAD  
City-St-Zip: APALACHICOLA, FL 32320

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: WALTER M. WARD

MGR

03/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date