2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 06, 2007 8:00 am Secretary of State

DOCUMENT # L06000110446 1. Entity Name JNC FISHING, L.L.C.						03-06-2001	7 90073 016 ***	*50.00
Principal Place of Business 501 NORTHEAST 13TH STREET FT. LAUDERDALE, FL 33304		Mailing Address P.O. BOX 7415 FT. LAUDERDALE, FL 33338						
Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02262007	Chg-LLC	CR2E083 (12/06	;)	
City & State		City & State		4. FEI Numbe 261-5	3-2033		Applied For Not Applicable	
Zip	Country	Zip	Count	ry	5. Certificate of	of Status Desired	□ \$5.00 A Fee Requi	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	legistered Agent	
SHEPARD & LESKAR, P.A. 100 NORTHEAST 70TH AVE. FIRST FLOOR PLANTATION, FL 33317				Name Street Address (P.O. Box Number is Not Acceptable)				
•!		City				FL Zip Co	ide .	
8. The above the obligat	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registere	d office or register	ed agent, or both	n, in the State of Flo	orida. I am familiar witi	n, and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	E: Registered	Agent signature required	when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2007								
							e check payable to a Department of Sta	
		ERS/MANAGERS	10.			Florida —	a Department of Sta	
Di	ue by May 1, 2007	ERS/MANAGERS	10. TITLE				a Department of Sta	nte
9. TITLE NAME	MANAGING MEMBE MGRM COOPER, CALDWELL		_			Florida —	Department of Sta	nte
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM COOPER, CALDWELL P.O.BOX 7415		TITLE NAME STREE	T ADDRESS		Florida —	Department of Sta	nte
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM COOPER, CALDWELL P.O.BOX 7415 FT. LAUDERDALE, FL 33338	☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS		Florida —	Department of Sta	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGRM COOPER, CALDWELL P.O.BOX 7415 FT. LAUDERDALE, FL 33338 MGRM		TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP		Florida —	Department of Sta	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGRM COOPER, CALDWELL P.O.BOX 7415 FT. LAUDERDALE, FL 33338 MGRM LESKAR, DAVID W	□ Delete Delete	TITLE NAME STREE CITY-S TITLE NAME	T ADDRESS ST-ZIP		Florida —	a Department of Sta	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: 3-2-07 954-462-423 4
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MARAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Description Proces