

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000009435

Entity Name: FIRST STRIKE LURES LLC

FILED
Mar 25, 2008
Secretary of State

Current Principal Place of Business:

252 EAST BOCA RATON ROAD
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

252 EAST BOCA RATON ROAD
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 22-3953303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

COHEN, PATRICIA V
252 EAST BOCA RATON ROAD
BOCA RATON, FL 33432 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: PATRICIA V. COHEN

03/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HALL, MARK
Address: 252 EAST BOCA RATON ROAD
City-St-Zip: BOCA RATON, FL 33432

Title: ST () Delete
Name: HALL, MARK
Address: 252 EAST BOCA RATON ROAD
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PAPATHEODOROU, ANDREAS
Address: 252 EAST BOCA RATON ROAD
City-St-Zip: BOCA RATON, FL 33432

Title: MGR (X) Change () Addition
Name: KECHRITIS, GEORGE
Address: 252 EAST BOCA RATON ROAD
City-St-Zip: BOCA RATON, FL 33432

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: ANDREAS PAPATHEODOROU

MGR

03/25/2008

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