

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


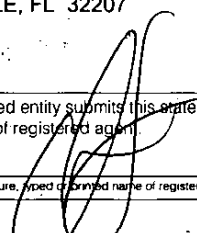
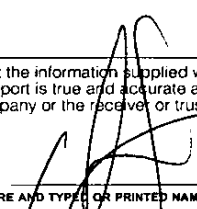
FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90040 009 ***138.75

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04212008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000009732					
1. Entity Name STRIKE-ZONE FISHING MELBOURNE, LC					
Principal Place of Business 1301 RIVERPLACE BLVD STE 1609 JACKSONVILLE, FL 32207			Mailing Address 1301 RIVERPLACE BLVD STE 1609 JACKSONVILLE, FL 32207		
2. Principal Place of Business - No P.O. Box # 11702 Beach Blvd.			3. Mailing Address 11702 Beach Blvd.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 20-8440724	
Zip 32246		Country US		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent PEEK, EUGENE G III 1301 RIVERPLACE BLVD STE 1609 JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent Name David E. Workman, Jr. Street Address (P.O. Box Number is Not Acceptable) 11702 Beach Blvd. City Jacksonville FL Zip 32246		
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  DATE 04/22/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEEK, EUGENE G III 1301 RIVERPLACE BLVD STE 1609 JACKSONVILLE, FL 32207	<input checked="" 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	MGR David E. Workman, Jr. 11702 Beach Blvd. Jacksonville, FL 32246 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Shawn N. Mecchella 11702 Beach Blvd. Jacksonville, FL 32246 <input type="checkbox"/> Change <input checked="" 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	
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: 			Date 04/22/08 Daytime Phone # (904) 641-2433		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DAVE WORKMAN JR-MANAGER					