

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000053955

Entity Name: FISHBUSTERZ RETAIL, LLC

FILED
Jul 14, 2008
Secretary of State

Current Principal Place of Business:

6810 FRONT STREET
KEY WEST, FL 33040 US

New Principal Place of Business:

6840 FRONT STREET
KEY WEST, FL 33040 US

Current Mailing Address:

P.O. BOX 169
KEY WEST, FL 33040 US

New Mailing Address:

P.O. BOX 169
KEY WEST, FL 33041 US

FEI Number: 56-2659829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIDATO, THOMAS J
526 SOUTHARD STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

DIDATO, THOMAS J
605 UNITED STREET
KEY WEST, FL 33040 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:

07/14/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RENIER, CHARLES H
Address: 3 COCONUT DRIVE
City-St-Zip: KEY WEST, FL 33040 US

Title: MGRM () Delete
Name: DICKSTEIN, ERIC
Address: 4 LOPEZ
City-St-Zip: KEY WEST, FL 33040 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RENIER, CHARLES H
Address: 6820 EAGLE AVE
City-St-Zip: KEY WEST, FL 33040 US

Title: MGRM (X) Change () Addition
Name: DICKSTEIN, ERIC
Address: 1211 MARGARET STREET
City-St-Zip: KEY WEST, FL 33040 US

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: ERIC DICKSTEIN

MM

07/14/2008

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