

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000105723

Entity Name: SOUTHEAST LIVE BAIT, LLC

FILED  
Apr 28, 2008  
Secretary of State

## Current Principal Place of Business:

299 NORTH RIVERSIDE DRIVE  
APT. 1001  
POMPANO BEACH, FL 33062 FL

## Current Mailing Address:

299 NORTH RIVERSIDE DRIVE  
APT. 1001  
POMPANO BEACH, FL 33062 FL

## New Principal Place of Business:

299 N RIVERSIDE DR  
APT 1001  
POMPANO BEACH, FL 33062 FL

## New Mailing Address:

299 N RIVERSIDE DR  
APT 1001  
POMPANO BEACH, FL 33062 FL

FEI Number: 33-1185194

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BENYO, SHAWN M  
299 NORTH RIVERSIDE DRIVE  
APT. 1001  
POMPANO BEACH, FL 33062 US

## Name and Address of New Registered Agent:

BENYO, SHAWN M  
299 N RIVERSIDE DR  
APT 1001  
POMPANO BEACH, FL 33062 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:

04/28/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BENYO, SHAWN M  
Address: 299 NORTH RIVERSIDE DRIVE, APT. 1001  
City-St-Zip: POMPANO BEACH, FL 33062 FL

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: SOUTHEAST FISHERIES,, LLC  
Address: 299 N RIVERSIDE DR APT 1001  
City-St-Zip: POMPANO BEACH, FL 33062 FL

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: SHAWN BENYO

MGRM

04/28/2008

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