

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000029708

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** INDIAN RIVER LAGOON FISHING TOURS, LLC

**Current Principal Place of Business:**

617 S.W. CHANNEL AVENUE  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

617 S.W. CHANNEL AVENUE  
STUART, FL 34994

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COPELAND, JOHN K  
2300 S.E. MONTEREY ROAD, SUITE 100  
STUART, FL 34996 US

**Name and Address of New Registered Agent:**

COPELAND, JOHN K  
2300 S.E. MONTEREY ROAD  
SUITE 100  
STUART, FL 34996 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/26/2011

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BARNES, DOUGLAS J  
Address: 617 S.W. CHANNEL AVENUE  
City-St-Zip: STUART, FL 34994

I hereby 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: DOUGLAS J. BARNES

MGR

04/26/2011

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