2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 26, 2009
Secretary of State

DOCUMENT# L08000089451

Entity Name: ITSU FISHERIES, LLC

Current Principal Place of Business:

1478 SE ANDREW'S ST.
STUART, FL 34996 US

New Principal Place of Business:

Current Mailing Address:

1478 SE ANDREW'S ST.
STUART, FL 34996 US

New Mailing Address:

969 SOUTH FEDERAL HIGHWAY
SUITE 402
STUART, FL 34996 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ASHLEY, MICHAEL
1077 NE KUBIN AVENUE
JENSEN BEACH, FL 34957 US

Name and Address of New Registered Agent:

ASHLEY, MICHAEL
1478 SE ANDREWS STREET
STUART, FL 34957 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: _____ 06/26/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ASHLEY, MICHAEL
Address: 1077 NE KUBIN AVENUE
City-St-Zip: JENSEN BEACH, FL 34957 US

Title: MGRM ( ) Delete
Name: SEIBERT, TONY
Address: 1077 NE KUBIN AVENUE
City-St-Zip: JENSEN BEACH, FL 34957 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MICHAEL ASHLEY MGRM 06/26/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date