

APPROVED  
AND  
FILED

GO APR 27 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L95000000222

1. Entity Name  
NATURAL BAIT BROKERS, L.C.

Principal Place of Business  
488 GUS HIPP BLVD.  
ROCKLEDGE FL 32955

Mailing Address  
P.O. BOX 320247  
COCOA BEACH FL 32932-0247

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number  
59-3307143

Applied For  
Not Applicable

5. Certificate of Status Desired  
\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
JAYNES, DAVID A  
222 PICCADILLY STREET SUITE 100  
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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.

SIGNATURE  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS  
TITLE NAME STREET ADDRESS CITY- ST- ZIP  
MGRM WOODS, JEFFREY S 1980 NORTH ATLANTIC AVE. COCOA BEACH FL 32931  
MGRM MURRAY, ED 1980 NORTH ATLANTIC AVE. COCOA BEACH FL 32931  
MGRM FARLEY, PETE 1980 NORTH ATLANTIC AVE. COCOA BEACH FL 32931

10. ADDITIONS/CHANGES  
TITLE NAME STREET ADDRESS CITY- ST- ZIP  
800003249848--9  
-05/11/00--01129--017  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] NATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER  
4/24/00 321-636-1200  
Date Daytime Phone #