

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L96000000358

1. Entity Name

BILLFISH ASSOCIATES LIMITED COMPANY



Principal Place of Business

% THOMAS M. CLARK P.A.
2400 E. COMMERCIAL BLVD., SUITE 820
FT. LAUDERDALE, FL 33308

Mailing Address

% THOMAS M. CLARK P.A.
2400 E. COMMERCIAL BLVD., SUITE 820
FT. LAUDERDALE, FL 33308



04282004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

54-6198523

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARK, THOMAS M
2400 E. COMMERCIAL BLVD.
SUITE 820
FT. LAUDERDALE, FL 33308

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME B.T. BOWLES, JR. (TRUSTEE) ID#54-6198523
STREET ADDRESS % 404 W. FRANKLIN ST.
CITY- ST- ZIP RICHMOND, VA 23241

TITLE MGRM
NAME B.T. BOWLES, JR. (TRUSTEE) ID#54-6162446
STREET ADDRESS % 404 W. FRANKLIN ST.
CITY- ST- ZIP RICHMOND, VA 23241

TITLE
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05/04/04-80077-025 25.00

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #