

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2005 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**



DO NOT WRITE IN THIS SPACE

04202005 No Chg-LLC

CR2E083 (10/03)

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, 2005**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

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04/27/05-80141-017 25.00

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04/27/05-80141-018 25.00

**DO NOT WRITE
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 #