

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L96000000358

1. Entity Name  
BILLFISH ASSOCIATES LIMITED COMPANY



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY -1 AM 9:14

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

04242006 No Chg-LLC

CR2E083 (11/05)

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, 2006

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

200074150502  
05/08/06--01016--014 \*\*25.00

200074150502  
05/08/06--01016--015 \*\*25.00

DO NOT WRITE  
IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: