#### 2007 LIMITED LIABILITY COMPANY . ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### DOCUMENT # L96000000358

1. Entity Name

**BILLFISH ASSOCIATES LIMITED COMPANY** 



FILED May 10, 2007 08:00 AM Secretary of State

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



04242007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 54-6198523 Applied Fo Not Applic

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

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<ol><li>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. the obligations of registered agent.</li></ol>	I am familiar with, and acc
CIONATURE	

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

(NOTE: Registered Agent signature required when reinstating)

## Filing Fee is \$50.00 Due by May 1, 2007

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	

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U00000764508 05/30/07-80064-013 25.00

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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 limited liability company or the receiver or frustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE