2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L99000003573

1. *Entity Name*
THE BAIT HOUSE, LC

Principal Place of Business	Mailing Address
45 CAUSEWAY BLVD.	45 CAUSEWAY BLVD.
CLEARWATER, FL 33767	CLEARWATER, FL 33767

DO NOT WRITE IN THIS SPACE

01162005No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
59-3582419	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

POLLICK, CHARLES J
414 BELLE ISLE
BELLEAIR BEACH, FL 33789

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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 _____

4/24/05

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

U000000337079
04/27/05-80154-007 50.00

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	POLLICK, CHARLES J	
STREET ADDRESS	45 CAUSEWAY BLVD.	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	MGRM	
NAME	POLLICK, SANDRA	
STREET ADDRESS	45 CAUSEWAY BLVD.	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: _Sandra L. Pollick_   4/24/05   727-446-6723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #