

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 23, 2006 8:00 am
Secretary of State

05-23-2006 90054 016 ****50.00

DOCUMENT # L99000007045

1. Entity Name

INDIAN RIVER AQUACULTURE, L.L.C.



Principal Place of Business

5505 12TH STREET
VERO BEACH FL 32966

Mailing Address

5505 12TH STREET
VERO BEACH FL 32966



2. Principal Place of Business

Vero Beach
Suite, Apt. #, etc.

3. Mailing Address

5505 12th
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Vero Beach FL

City & State

Vero Beach FL

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

32966

Country

Indian River

Zip

32966

Country

FL

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FENNELL, TODD W
979 BEACHLAND BLVD.
VERO BEACH FL 32963

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Todd W Fennell

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME SCHUMANN, DONOVAN
STREET ADDRESS 5505 12TH STREET
CITY-ST-ZIP VERO BEACH FL 32966

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Donovan Schumann

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

Date

Daytime Phone #

5-16-06 772-532-6166