**FILED** 

Daytime Phone #

## 2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## May 05, 2003 8:00 am Secretary of State DOCUMENT # M0100001807 05-05-2003 90688 047 \*\*\*\*50.00 THE GREAT FISH COMPANY, L.L.C. Principal Place of Business Mailing Address OUTUU 302 PROGRESS ROAD 302 PROGRESS ROAD. AUBURNDALE-FL 33823 AUBURNDALE FL 33823 CAN their his manuscrape I'm William is I'm I'm 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. `□ `CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 52-2334220 Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARTER, GEORGE Street Address (P.O. Box Number is Not Acceptable) 302 PROGRESS ROAD **AUBURNDALE FL 33823** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGR ☐ Addition TITLE ☐ Delete TITLE Change SATERBO, JOHN NAME NAME STREET ADDRESS **302 PROGRESS ROAD** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AUBURNDALE FL 33823** MGR ☐ Delete ☐ Change ☐ Addition TITLE TITLE SATERBO, BRYAN NAME NAME **302 PROGRESS ROAD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AUBURNDALE FL 33823** MGR Change ☐ Addition TITLE Delete TITLE STENGEL JAN ----NAME NAME AVE. GRAN BRETANA 955 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALCAHUANO, CHILE MGR ☐ Delete TITLE Addition TITLE ☐ Change PEREZ. VICENTE NAME NAME **AVE. GRAN BRETANA 955** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALCAHUANO, CHILE CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP Addition □ Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 adcurate and that my significant 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 effect this report as required by Chapter 608, Florida Statutes.

MANAGER, OR AUTHORIZED REPRESENTATIVE