


2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # M97000000737 1. Entity Name ISLAMORADA FISH COMPANY, L.L.C.	
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Principal Place of Business 81532 OVERSEAS HIGHWAY ISLAMORADA, FL 33036	Mailing Address 2500 E. KEARNEY SPRINGFIELD, MO 65898
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DO NOT WRITE IN THIS SPACE



01182008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 43-1765611	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BASS PRO OUTDOOR WORLD, LLC 2500 E. KEARNEY SPRINGFIELD, MO 65898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER, TONI 2500 E. KEARNEY SPRINGFIELD, MO 65898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAGALE, JIM 2500 E. KEARNEY SPRINGFIELD, MO 65898
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<p>U00000824455 02/20/08-80078-010 138.75</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: *Toni Miller* 1/21/2008 417-873-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #