LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State Division of Corporations					FILED 99 SEP 28 PM 1: 47			
ING FEE Annual Rep	ort \$100.00 + \$88.75 Corpo	ORIDA DEPAR	II Fee + 5	OF STATE	Série.	ETAKT G		
\$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company DOCUMENT # M9900000006					TĂĨÜ	MHASSEE.	FÉÓRIÓ	ħ.
•	H SPORTFISHI BRI A R	11550	,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	141 SWE COLUMBU	ETBRIAF	ι	
Principal Place of Business		Mailing Address			3. Date Organize	d or Qualified	3a. State	of Formation
144 TIMBER COURT		Suite, Apt. #, etc.			12/31/1	908	MS	
					12/31/199 4. FEI Number		_ MO	Applied For
y & State	City	& State			64-0897			Not Applicable
DESTIN, FLORIDA	·				5. Date of Last F		6. Certific	ate of Status Desired
32541 Coun	try Zip		Countr	у			\$8.75 Addi	tomal Fee Regioned
	ddress of Current Regist	ered Agent		8	. Name and Addres	of New Regis	tered Ager	t/Office
Pursuant to the provisions o egistered office or registered registered agent, and accep	agent, or both, in the State	8.508, Florida Statut of Florida. Such char	es, the al	City pove-named limit uthorized by affin	led liability company s mative vote of a majori	FL ubmits this state ty of the member	Zip Code ement for the rs. I hereby a	e purpose of changing
SNATURE						DATE	. <u> </u>	
(Hegistered Agent Accepting Appointment) (NOTE Registered Agent				e required when reinsta		City, State and Zip Code		
Title Managing	Members/Managers	<u> </u>	DUSINE	ISS SHOEL AGGIC				
MGR FORD, WILLIAM R JR. 141 SWEETBRIAR						COLUM		
					3	6000 -10/ *** 4\	200 107/99- *588.7 / 10	8323 -01042001 5 ****588.7

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