

2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

DOCUMENT # M99000001563

1. Entity Name

FISH WITH ME CHARTERS, L.L.C.



Principal Place of Business

733 WINDERMERE WAY  
PALM BEACH GARDENS, FL 33418

Mailing Address

733 WINDERMERE WAY  
PALM BEACH GARDENS, FL 33418

FILED  
Feb 23, 2004 08:00 AM  
Secretary of State



02202004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number

38-3462695

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILLER, MICHAEL A  
733 WINDERMERE WAY  
PALM BEACH GARDENS, FL 33418

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

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, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
MILLER, MICHAEL A  
8358 COLONY DRIVE  
ALGONAC, MI 48001

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
MILLER, ERIKA B  
8358 COLONY DRIVE  
ALGONAC, MI 48001

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DO NOT WRITE  
IN THIS SPACE

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.

ERIKA B. MILLER

SIGNATURE:

*Erika B. Miller*

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

2-17-04

Date

561-

622-7091

Daytime Phone #