

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

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**



03152006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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 08s if applicable.

(NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$50.00
Due by May 1, 2006**

1000000475781
04/05/06-80029-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MILLER, MICHAEL A
STREET ADDRESS	28120 S. HANNA ROAD
CITY-ST-ZIP	PICKFORD, MI 49774
TITLE	MGR
NAME	MILLER, ERIKA B
STREET ADDRESS	28120 S. HANNA ROAD
CITY-ST-ZIP	PICKFORD, MI 49774
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 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: *Erika B. Miller*

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

3-15-06

Date

561-622-7091

Daytime Phone #