2007 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 Apr 05, 2007 08:00 All Secretary of State



DO NOT WRITE IN THIS SPACE

04022007No Chg-LLC CI

CR2E083 (11/05)

4. FEI Number 38-3462695

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

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

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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 whon reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER, MICHAEL A 28120 S. HANNA ROAD PICKFORD, MI 49774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER, ERIKA B 28120 S. HANNA ROAD PICKFORD, MI 49774
TITLE NAME STREET ADDRESS GITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby	certify that the information supplied with this filling does not qualify for the ex

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11. I hereby certify that the information supplied with this filling 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: Circa B. Miller

ERIKA B. MILLER

3-3/-07

561-622-709 1

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

Date

Daytime Phone (