


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 26, 2005 08:00 AM
Secretary of State

DOCUMENT # L04000018724 1. Entity Name LOUIE LOUIE CHARTERS, LLC	
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Principal Place of Business 2336 NE 28TH STREET LIGHTHOUSE POINT FL 33064	Mailing Address 2336 NE 28TH STREET LIGHTHOUSE POINT FL 33064
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2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
Suite, Apt #, etc	Suite, Apt #, etc.	1st MOORE	CR2E083 (10/04)
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent SOTTINI, LOUIS P 2336 NE 28TH STREET LIGHTHOUSE POINT FL 33064	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

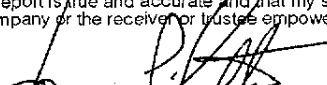
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS		<input type="checkbox"/> Delete
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SOTTINI, LOUIS P	
STREET ADDRESS	2336 NE 28TH STREET	
CITY - ST - ZIP	LIGHTHOUSE POINT FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS / CHANGES		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	U00000374529	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	07/26/05-80004-003 50.00	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  954-946-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #