2006 LIMITED LIABILITY COMPANY ANNUAL REPORT



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DOCUMENT # L05000080768 1. Entity Name CAPTAIN ALLEN CHARTERS, LLC							08-28-2006			50.00
Principal Plac 1937 SOUTH DAYTONA BE	I CREEK BLY	V D	Mailing Address 1937 SOUTH CREEK BL DAYTONA BEACH, FL 3		US	1.000	2005			1(6 1 1, 114 1 1 1 1)
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07172006	Chg-LLC	CR2E	083 (11/05)		
City & State		City & State			4. FEI Numbe	'20-3308	3291		pplied For ot Applicable	
Zip 		Country	Zip	Country	y 	<u> </u>	of Status Desired		\$5.00 Ad Fee Require	
	6. Name	and Address of Current R	egistered Agent			7. Name and	Address of New R	egistered	Agent	
FRIEBIS, I 3890 TUR' SUITE B PORT OR	TLE CRE	EK DRIVE			Name Street Address	(P.O. Box Numbe	er is Not Acceptable	3)		
, rom on	, , , , , , , , , , , , , , , , , , ,	. 02.12.			City	<u> </u>		FL	Zip Coo	le
	named entit	y submits this statement for tered agent.	the purpose of changing its	registered	d office or registe	red agent, or bot	h, in the State of Flo	xida. I am	familiar with,	, and accept
SIGNATURE .	Signature, typed	or printed name of registered agent an	d title if applicable. (NOTE	: Registered /	Agent signature require	d when reinstating)		DATE		
Fil	ling Fee is	or printed name of registered agent an \$ \$50.00 mber 6, 2006	d trile if applicable. (NOTE	E: Registered /	Agent signature require	d when reinstating)		e check (payable to nent of Stat	te , ,
Fil	ling Fee is	s \$50.00 nber 6, 2006		Registered A	Agent signature require	d when reinstating)	Florida	e check i Departn	nent of Stat	ie , .
Fil Due t	ling Fee i	s \$50.00	S/MANAGERS	10.	Agent signature require	d when reinstating)		e check i Departn	nent of Stat	:
Fil Due t	ling Fee is by Septer	s \$50.00 nber 6, 2006			Agent signature require	d when reinstating)	Florida	e check i Departn	nent of Stat	te Addition
9. TITLE NAME STREET ADDRESS	MGR ALLEN, B	S \$50.00 mber 6, 2006 MANAGING MEMBER BRANDON JTH CREEK BLVD	S/MANAGERS	10. FITLE NAME STREET	I ADDRESS	d when reinstating)	Florida	e check i Departn	nent of Stat	:
9. TITLE NAME	MGR ALLEN, B	s \$50.00 mber 6, 2006 MANAGING MEMBER BRANDON	S/MANAGERS	10.	I ADDRESS	d when reinstating)	Florida	e check i Departn	nent of Stat	:
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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: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #