

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000057

**FILED**  
**Apr 21, 2004**  
**Secretary of State**

**Entity Name:** DAY IN PARADISE CHARTERS, LLC

**Current Principal Place of Business:**

319 YORKSHIRE STREET  
PORT CHARLOTTE, FL 33954

**New Principal Place of Business:**

**Current Mailing Address:**

319 YORKSHIRE STREET  
PORT CHARLOTTE, FL 33954

**New Mailing Address:**

FEI Number: 36-4337163

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOLCOMB, KATHLEEN L  
319 YORKSHIRE STREET  
PORT CHARLOTTE, FL 33954 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: P ( ) Delete  
Name: HOLCOMB, JR., BOBBY G  
Address: 319 YORKSHIRE ST  
City-St-Zip: PORT CHARLOTTE, FL 33954

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HOLCOMB, JR., BOBBY G  
Address: 319 YORKSHIRE ST  
City-St-Zip: PORT CHARLOTTE, FL 33954

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BOBBY G. HOLCOMB JR.

MGR

04/21/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date