

2001 UNIFORM BUSINESS REPORT (UBR)

L00000015130

DOCUMENT # L00000015130
 1. Entity Name
 GOCHARTS MARINE LLC

FILED
 01 MAY 21 AM 10:52
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 213 - 941 NE. 19TH AVENUE
 Fort Lauderdale, FL
 33304

2. Principal Place of Business 3. Mailing Address
 941 NE 19TH AVENUE PO BOX 460693
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 213

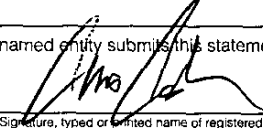
City & State City & State
 Ft. Lauderdale FL Ft. Lauderdale FL
 Zip Country Zip Country
 33304 USA 33346 USA

4. FEI Number Applied For
 65-1063454 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
 Name Christopher B. Cash
 Street Address (P.O. Box Number is Not Acceptable)
 941 NE 19TH AVENUE
 STE # 213
 City Ft. Lauderdale FL Zip Code 33304

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.
 SIGNATURE  CHRISTOPHER B. CASH President April 2nd, 2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State

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 *****55.00 *****55.00

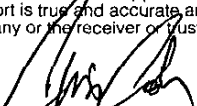
9. MANAGING MEMBERS / MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
OWNER - MGRM	LARRY P. STEIN	941 NE. 19 TH AVE. suite 213	Ft. Lauderdale FL. 33304	<input type="checkbox"/>	<input checked="" type="checkbox"/>
OWNER - MGRM	CHRISTOPHER B. CASH	941 NE 19 TH AVE SUITE 213	Ft. Lauderdale FL. 33304	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify 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 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:  CHRISTOPHER B. CASH April 2/01 954-761-1844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)