

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015130

FILED
May 03, 2004
Secretary of State

Entity Name: GOCHARTS MARINE LLC

Current Principal Place of Business:

5515 SEABREEZE BLVD., STE 205
FT LAUDERDALE, FL 33304

New Principal Place of Business:

515 SEABREEZE BLVD., STE 205
FT LAUDERDALE, FL 33304

Current Mailing Address:

P.O. BOX 460693
FT. LAUDERDALE, FL 33346

New Mailing Address:

FEI Number: 65-1063454 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASH, CHRISTOPHER B
941 N.E. 19TH AVENUE, #213
FT LAUDERDALE, FL 33304

Name and Address of New Registered Agent:

CASH, CHRISTOPHER B
515 SEABREEZE BLVD.
STE 207
FT LAUDERDALE, FL 33304

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

05/03/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: CASH, CHRISTOPHER B
Address: 941 N.E. 19TH AVENUE, #213
City-St-Zip: FT LAUDERDALE, FL 33304

Title: MGRM (X) Delete
Name: STEIN, LARRY P
Address: 941 N.E. 19TH AVENUE, #213
City-St-Zip: FT LAUDERDALE, FL 33304

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CASH, CHRISTOPHER B
Address: 515 SEABREEZE BLVD STE 207
City-St-Zip: FT LAUDERDALE, FL 33316

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHRISTOPHER CASH

PRES

05/03/2004

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