

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 12, 2006 8:00 am
Secretary of State

05-04-2006 90022 004 ****50.00

DOCUMENT # L01000006438 1. Entity Name OVERSPRAY CHARTERS, L.L.C.					
Principal Place of Business 6913 HARNEY ROAD TAMPA FL 33617			Mailing Address 6913 HARNEY ROAD TAMPA FL 33617		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 01-0699320	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CARNEY, SEAN 69136 HARNEY RD TAMPA FL 33617				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 re-registering)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS / MANAGERS					
TITLE	P	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Delete
NAME	CARNEY, SEAN		NAME	CARNEY, DANIEL	
STREET ADDRESS	170 SMOKEY MOUNTAIN RD		STREET ADDRESS	305 BRYAN OAK AVE	
CITY - ST - ZIP	SEFFNER FL 33584		CITY - ST - ZIP	BRANDON FL 33511	
TITLE	S	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Delete
NAME	CARNEY, SEAN		NAME	CARNEY, DANIE L	
STREET ADDRESS	170 SMOKEY MOUNTAIN RD		STREET ADDRESS	305 BRYAN OAK AVE.	
CITY - ST - ZIP	SEFFNER FL 33584		CITY - ST - ZIP	BRANDON FL 33511	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
10. ADDITIONS / CHANGES					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: _____ Daytime Phone #: _____					