

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007076

Entity Name: ISLAND CHARTERS LC

FILED  
Jul 04, 2004  
Secretary of State

**Current Principal Place of Business:**

218 NEWPORT DR. #7  
NAPLES, FL 34114

**New Principal Place of Business:**

218 NEWPORT DR  
707  
NAPLES, FL 34114

**Current Mailing Address:**

218 NEWPORT DR. #7  
NAPLES, FL 34114

**New Mailing Address:**

218 NEWPORT DR.  
707  
NAPLES, FL 34114

FEI Number: 65-1112588

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TUCKER, GLENN E ESQUIRE  
950 N. COLLIER BLVD  
SUNTRUST CENTRE # 204  
MARCO ISLAND, FL 34145 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: MGR ( ) Delete  
Name: BABB, PETER C OWNER  
Address: 218 NEWPORT DR. #7  
City-St-Zip: NAPLES, FL 34114 US

**ADDITIONS/CHANGES:**

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: PETER BABB

MGR

07/04/2004

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