2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 23, 2004 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State	
DOCUMENT # L01000012790 1. Entity Name AVALON PRIVATE CHARTERS, LLC.					ictary of State
2878 NE 26	e of Business ST RDALE, FL 33305	Mailing Address 2878 NE 26 ST FORT LAUDERDALE, FL 33305			
DO NOT WRITE IN THIS SPACE			^E	02192004No Chg-LLC	CR2E083 (10/03)
			-/ -	FEI Number 65-1128862 Certificate of Status Desired	Applied For Not Applicable \$5.00 Additional Fee Required
	6. Name and Address of Current R	egistered Agent			
LIBERMAN, LEA 7049 MARIPOSA CIRCLE WEST PEMBROKE PINES, FL 33331				DO NOT W	Service Services And Services
	named entity submits this statement for ions of registered agent.	the purpose of changing its registers	d office or register	ed agent, or both, in the State of F	lorida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed mante of registered agent an	d title il approable. [NOTE: Registived	Agent signature required	where remarkatings	CATE
FI	ling Fee is \$50.00 ue by May 1, 2004			· · · · · · · · · · · · · · · · · · ·	
9.	MANAGING MEMBER	S/MANAGERS	<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUNDY, THOMAS 2878 NE 26 STREET FORT LAUDERDALE, FL 33305				
TITLE NALIC STREET ADDRESS CITY-ST-ZP					00060695 4-80050-007 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP			DO NOT WRITE IN THIS SPACE		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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:

THLE NAME SHREET ADDRESS CHY-ST-ZIP

MIGNATURE AND TYPED OR PRINTED HAME OF DISHING MANAGING WEMBER, OR AUTHORIZED REPRESENTATIVE

2-10-04

*954-390-08*80

Daytma Phone #