LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

7/21/2003-90087-023-\$50.00-\$50.00

FILED

DOCUMENT # Lo 1. Entity Name Manated	2000012108 / Boat Charte	is of	03 SEP 19 SECRETARY OF TALLAHASSEE.	STATE
<u></u> _	WRITE IN THIS S	90144828		
2. Principal Place of Business STN W 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.		me	DO NOT WRITE IN THIS SPACE	
Beadenten	City & State		E1100/-11933	Applied For Not Applicable
Zip C Country	2 3 4209	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required
DO NOT WRITE Street Address (P City City			7. Name and Address of Current Registered Agent Moly Co. P.C. P.O. Box Mumber is Not Acceptable) Jenson FL Zistado S	
the obligations of registared sont	nis statement for the purpose of changing its	s registered office or register	red agent, or both, in the State of Florida, I am f	amiliar with, and accept
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1				
ITILE NAME STIRRET ADDRESS CITY-ST-ZP	AGING MEMBERS/MANAGERS L COCK OWNER (STASTN WPLOS) NTON H34009	: TITLE NAME STREET ADDRESS CITY-ST-ZIP		(Control Blood
TITLE NAME STREET ADDRESS CHY-S1-Zip	:	TITLE NAME STREET ADDRESS CITY-ST-ZIP		S. S
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY, ST-71P	DO NOT WRI	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPAC	E
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TITLE NAME STREET ADDRESS CITY-SI-ZIP		TITUE NAME STREET ADDRESS CITY-ST-ZIP		, sa,
11. I hereby certify that the information supplied with this filling 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 each; that I am a managing member of manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				
SIGNATURE: BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER MANAGER OR AUTHORIZED REPRESENTATIVE Date Date Day of the Proce of the Process				