


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90200 025 \*\*\*\*50.00

<b>DOCUMENT # L02000012333</b>		
1. Entity Name <b>TWO CHICKS CHARTER COMPANY, L.L.C.</b>		

Principal Place of Business <b>152 NAVAJO ST. TAVERNIER FL 33070</b>	Mailing Address <b>152 NAVAJO ST. TAVERNIER FL 33036</b>
---	---

20024370



1st MOORE CR2E083 (10/04)

2. Principal Place of Business <b>152 Navajo St</b>	3. Mailing Address <b>Tavernier</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Tavernier, Fla.</b>	City & State <b>Fla.</b>	4. FEI Number <b>75-3061666</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33070</b>	Country <b>USA</b>	Zip <b>33070</b>	Country

6. Name and Address of Current Registered Agent  <b>JAYCOX, KELLY M 1652 NAVAJO ST. TAVERNIER FL 33070</b>
--

7. Name and Address of New Registered Agent  Name <b>Kelly M. Jaycox</b> Street Address (P.O. Box Number is Not Acceptable) <b>152 Navajo St.</b> City <b>Tavernier</b> FL Zip Code <b>33070</b>
---

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 Kelly M. Jaycox  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JAYCOX, KELLY M 152 NAVAJO ST. TAVERNIER FL 33070 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing 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 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: Kelly M. Jaycox  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #