2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000014646

1. Entity Name
STREBOR CHARTERS, LLC



FILED Jan 18, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

3510 FOX RUN BLVD. PANAMA CITY BEACH, FL 32408 3510 FOX RUN BLVD.

PANAMA CITY BEACH, FL 32408



DO NOT WRITE IN THIS SPACE

01172006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 76-0706454 Applied For Not Applied

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, W. CRIT 3520 THOMASVILLE ROAD, 4TH FLOOR TALLAHASSEE, FL 32309

DO NOT WRITE IN THIS SPACE

		ì			
8. The above the obligat	e named entity submits this statement for the purpose of char tions of registered agent.	nging its registere	d office or registered agent, or both, in the S	State of Florida. 1 am familiar with, and acce	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered	Agent signature required when reinstating)	DATE	
F	iling Fee is \$50.00 ue by May 1, 2006				
9.	MANAGING MEMBERS/MANAGERS	j	<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTS, GEORGE A 3510 FOX RUN BLVD. PANAMA CITY BEACH, FL 32408		Undonnaan214 dives/ub-suute-ate su.co DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADORESS CITY-ST-ZIP					
	1				

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that his 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 employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS

IGNATURE AND TYPED OR TRUITED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #