2005 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** Apr 25, 2005 08:00 AN Secretary of State **DOCUMENT # L02000022052** 1. Entity Name SUGAR BULL CHARTERS, LLC Principal Place of Business Mailing Address 5500 FLAGHOLE ROAD 5500 FLAGHOLE ROAD CLEWISTON, FL 33440 CLEWISTON, FL 33440 01132005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 13-4212738 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RIEF, FRANK J III DO NOT WRITE 442 WEST KENNEDY BLVD STE. 340 TAMPA, FL 33606 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) UNNON833**0**046 04/25/05-8014**4-**004 50.00 Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS MGRM HILLIARD, JOE M STREET ADDRESS 5500 FLAGHOLE RD CITY-ST-ZIP CLEWISTON, FL 33440 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 accourate 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP