2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000022052

1. Entity Name
SUGAR BULL CHARTERS, LLC

Principal Place of Business	Mailing Address
5500 FLAGHOLE ROAD CLEWISTON, FL 33440	5500 FLAGHOLE ROAD CLEWISTON, FL 33440

DO NOT WRITE IN THIS SPACE

03052007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
13-4212738	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RIEF, FRANK J III
442 WEST KENNEDY BLVD STE. 340
TAMPA, FL 33606

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

Filing Fee Is $50.00
Due by May 1, 2007

U00000729774
05/08/07-80055-005 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	HILLIARD, JOE M
STREET ADDRESS	5500 FLAGHOLE RD
CITY-ST-ZIP	CLEWISTON, FL 33440
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #