FILED

03 SEP 24 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000022665

1. Entity Name
ESCAPE CHARTERS, L.L.C.

Principal Place of Business	Mailing Address
103 AVENIDA 23 PENSACOLA BEACH, FL 32561	103 AVENIDA 23 PENSACOLA BEACH, FL 32561

2. Principal Place of Business	3. Mailing Address
4449 Soundside Drive Suite, Apt. #, etc.	4449 Soundside Drive Suite, Apt. #, etc.
City & State: Gulf Breeze, FL	City & State: Gulf Breeze, FL
Zip: 32563 Country: USA	Zip: 32563 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 72-1532939 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANDREWS, GERALD E JR. 103 AVENIDA 23 PENSACOLA BEACH, FL 32561	Name: Jorge Nagel Street Address (P.O. Box Number is Not Acceptable): 4449 Soundside Drive City: Gulf Breeze FL Zip Code: 32563

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 _____ Jorge Nagel, President 9/11/03
Signature, type 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, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ANDREW, GERALD E 103 AVENIDA 23 PENSACOLA BEACH, FL 32561	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, VP, S Andrews, Gerald E. Jr. 103 Avenida 23 Pensacola Beach, FL 32561	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM NAGEL, JORGE 4449 SOUNDSIDE DRIVE GULF BREEZE, FL 32563	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, P Nagel, Jorge 4449 Soundside Drive Gulf Breeze, FL 32563	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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: _____ President & Director 9/11/03
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #