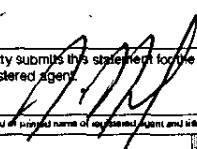
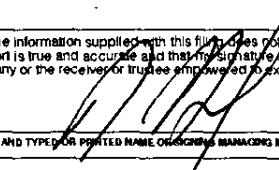


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000022665					
1. Entity Name ESCAPE CHARTERS, L.L.C.					
Principal Place of Business 103 AVENIDA 23 PENSACOLA BEACH, FL 32561			Mailing Address 103 AVENIDA 23 PENSACOLA BEACH, FL 32561		
2. Principal Place of Business 4449 Soundside Drive Suite, Apt. #, etc.			3. Mailing Address 4449 Soundside Drive Suite, Apt. #, etc.		
City & State Gulf Breeze, FL 32563			City & State Gulf Breeze, FL 32563		
Country USA			Country USA		
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 ANDREWS, GERALD E JR. 103 AVENIDA 23 PENSACOLA BEACH, FL 32561			7. Name and Address of New Registered Agent 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 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 SOUND SIDE 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
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
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 606, Florida Statutes.					
SIGNATURE: 			President & Director 9/11/03 Date Daytime Phone #		

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