

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025418

Entity Name: AGAPE CHARTERS, L.L.C.

FILED
Feb 09, 2006
Secretary of State

Current Principal Place of Business:

10420 S.W. 77TH AVENUE
MIAMI, FL 33156

New Principal Place of Business:

10420 SW 77TH AVENUE
100
PINECREST, FL 33156

Current Mailing Address:

10420 S.W. 77TH AVENUE
MIAMI, FL 33156

New Mailing Address:

10420 SW 77TH AVENUE
100
PINECREST, FL 33156

FEI Number: 68-0522889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BERENGUER, JUAN
10420 S.W. 77TH AVENUE
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

BERENGUER, JUAN F
10420 SW 77TH AVENUE
100
PINECREST, FL 33156 US

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.

SIGNATURE: JUAN F. BERENGUER

02/09/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BERENGUER, JUAN F
Address: 6140 SW 152ND ST
City-St-Zip: MIAMI, FL 33157

Title: MGR (X) Delete
Name: BERENGUER, REBECCA R
Address: 6140 SW 152ND ST
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BERENGUER, JUAN F
Address: 10420 SW 77TH AVENUE STE. 100
City-St-Zip: PINECREST, FL 33156

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JUAN F. BERENGUER

MGR

02/09/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date