

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90556 048 ****50.00

DOCUMENT # L02000029784

1. Entity Name
LADY YACHT CHARTERS OF FLORIDA, L.L.C.



Principal Place of Business
**1258 NORTH PALM AVENUE
SARASOTA, FL 34236**

Mailing Address
**1258 NORTH PALM AVENUE
SARASOTA, FL 34236**

24029903



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03182004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
27-0035531

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**MAZZARANTANI, GEORGE H
240 S. PINEAPPLE AVENUE, 10TH FLOOR
SARASOTA, FL 34236**

Name **TONY ABATE**

Street Address (P.O. Box Number is Not Acceptable)

240 S. PINEAPPLE AVE, 10TH FLOOR

City **SARASOTA**

FL

Zip Code **34236**

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)

3/23/04

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **VPD** ☐ Delete
NAME **GITHLER, III, CHARLES E**
STREET ADDRESS **1258 N. PALM AVE.**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **GITHLER, KIM K**
STREET ADDRESS **1258 N. PALM AVE.**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KANE, STANLEY**
STREET ADDRESS **529 NORSOTA WAY**
CITY-ST-ZIP **SARASOTA, FL 34242**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KANE, DANIEL**
STREET ADDRESS **614 S OWL DRIVE**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **BLOMGREN, BRUCE**
STREET ADDRESS **301 S. GULFSTREAM AVE. #301**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **LANDRY, H. JOHN**
STREET ADDRESS **340 WEST 1ST STREET**
CITY-ST-ZIP **PORT SAINT JOE, FL 32456**

TITLE ☐ Change ☐ Addition
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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

CHARLES GITHLER

3/18/04

Date

9419550323

Daytime Phone #