## **2004 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**

## DOCUMENT # L02000029784

1. Entity Name



**FILED** Mar 29, 2004 8:00 am Secretary of State 03-29-2004 90556 048 \*\*\*\*50.00

PRINCIPAL PRICE OF SURFINE PALM AVENUE SARASOTA, FL 34236  Surfie, Apr. #, etc.  2 Principal Place of Business Surfie, Apr. #, etc.	LADY YA	CHI CHARTERS OF FLORI	JA, L.L.C.							
Suite Apt	1258 NORTH PALM AVENUE		1258 NORTH PALM AVENUE			24029903				
City & State	2. Principal Place of Business		3. Mailing Address							
Zip Country Zip Country Sip Country Sip So. Certificate of Status Desired Agent Technology Status S	Suite, Apt. #, etc.		Suite, Apt. #, etc.			03182004	Chg-LLC	CR2E083 (10/03)		
Country  Cou	City & State		City & State					<del> </del>		
NAZZARANTANI, GEORGE H 240 S. PINEAPPLE AVENUE, 10TH FLOOR SARASOTA, FL 34236  8. The above named entity submits this assignment for the purposed of changing its registered agent, or both. I in the State of Florida. I can familiar with, and accept the orthogations of registered register red office or registered agent, or both. I in the State of Florida. I can familiar with, and accept the orthogations of registered registered agent signature received agent, or both. I in the State of Florida. I can familiar with, and accept the orthogations of registered registered agent signature received	Zip	Country	Zip	Count	Ŷy			□ \$5.00 Add	ditional	
MAZZARANTANI, GEORGE H 240 S. PINEAPPLE AVENUE, 10TH FLOOR  SARASOTA, FL 34236  8. The above named entity submits this statement for the purpose of changing its registered agent, or both. I in the State of Florida. I an familiar with a cacept the octopations of registering agent, or both. I in the State of Florida. I an familiar with a cacept the octopations of registering agent, or both. I in the State of Florida. I an familiar with a cacept the octopations of registering agent, or both. I in the State of Florida. I an familiar with a cacept the octopations of registering agent, or both. I in the State of Florida. I an familiar with a cacept the octopations of registering agent, or both. I in the State of Florida. I an familiar with a cacept the octopations of registering agent, or both. I in the State of Florida. I an familiar with a cacept the octopations of registering agent, or both. I in the State of Florida. I an familiar with a cacept the octopations of registering agent, or both. I in the State of Florida. I an familiar with a cacept the octopations of registering agent, or both. I in the State of Florida. I an familiar with a cacept the octopations of registering agent, or both. I in the State of Florida. I an familiar with a cacept the octopation of registering agent, or both. I in the State of Florida Department of State.     Filling Fee is \$50.00		6. Name and Address of Current Re	gistered Agent			7. Name and Address of New Registered Agent				
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both. I in the State of Florida. I am anillar with, and accept the obligations of registered entity submits this statement for the purpose of changing its registered office or registered agent, or both. I in the State of Florida. I am anillar with, and accept the obligations of registered entities agent and the increase agent, or both. I in the State of Florida. I am anillar with, and accept the obligations of registered agent, or both. I in the State of Florida. I am anillar with, and accept the obligations of registered agent, or both. I in the State of Florida. I am anillar with, and accept the obligations of registered agent, or both. I in the State of Florida. I am anillar with, and accept the obligations of registered agent, or both. I in the State of Florida. I am anillar with, and accept the obligations of registered agent, or both. I in the State Florida. I am anillar with, and accept the obligations of registered agent, or both. I in the State Florida. I am anillar with, and accept the obligations of registered agent, or both. I in the State Florida. I an anillar with, and accept the obligations of registered agent, or both. I in the State Florida. I on the State Florida. I an anillar with, and accept the obligations of registered agent, or both. I in the State Florida. I on the State Florida	240 S. PINEAPPLE AVENUE, 10TH FLO					TONY ABATE				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, I in the State of Florida. I am lamillar with, and accept the obligations of registered spents with a registered agent of the registered agent of the registered agent with a registered agent of the registered agent of the registered agent of the registered agent of the registered agent of registered agent, or both, I in the State of Florida. I am lamiliar with, and accept the registered agent of registered agent, or both, I in the State of Florida. I am lamiliar with, and accept the registered agent of registered agent, or both, I in the State of Florida. I an lamiliar with, and accept the registered agent of registered agent, or both, I in the State of Florida. I an lamiliar with, and accept the registered agent of registered agent, or both, I in the State of Florida Department of	SAKASUT	A, FL 34230	240		S. PINEAPPLE AUE, 10 tH FLOOR					
THE CONTROL OF POSISSANCE AGENCY AND ACTION SIGNATURE OF POSISSANCE AGENCY AND ACTION SIGNATURE OF POSISSANCE AGENCY AGEN	Ci					ASOTA		FL   <sup>zig</sup> 3%	236	
SIGNATURE    Signature   Signature   Property Grame of registative agent and life it expicable.   (NOTE: Registered Agent agenture recurred when remtatary)   DATE	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									
Provide Department of State	SIGNATURE Youghlbale 3/03/04									
TITLE									e	
NAME   STREET ADDRESS   1258 N. PALM AVE.   STREET ADDRESS   1258 N. PALM AVE.   STREET ADDRESS   1258 N. PALM AVE.   STREET ADDRESS   SARASOTA, FL 34236   STREET ADDRESS   1258 N. PALM AVE.   STREET ADDRESS   1258 N. PALM AVE.   STREET ADDRESS   1258 N. PALM AVE.   STREET ADDRESS   SARASOTA, FL 34236   STREET ADDRESS   SARASOTA, FL 34236   STREET ADDRESS   SARASOTA, FL 34242   STREET ADDRESS   STREET ADDRESS   SARASOTA, FL 34236   STREET ADDRESS   STREET ADDRESS   SARASOTA, FL 34236   STREET ADDRESS   STREET ADDRESS   SARASOTA, FL 34236   STREET ADDRESS   STREET ADDRESS   STREET ADDRESS   SARASOTA, FL 34236   STREET ADDRESS   S	9.	MANAGING MEMBER	S/MANAGERS	10.	·····		ADDITIONS	CHANGES		
NAME   STREET ADDRESS   CITY-ST-ZIP   SARASOTA, FL 34236   CITY-ST-ZIP   Change   Addition   AMAE   CITY-ST-ZIP   CHANGE   CITY-ST-ZIP   CHANGE   CITY-ST-ZIP	name Street address	GITHLER, III, CHARLES E 1258 N. PALM AVE.	☐ Delete	NAM Stre	e et address			☐ Change	Addition	
TITLE NAME KANE, STANLEY STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34242  TITLE NAME KANE, DANIEL 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 SARASOTA, FL 34236  TITLE NAME BLOMGREN, BRUCE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	VP GITHLER, KIM K 1258 N. PALM AVE.	☐ Delete	NAM STRE	E ET ADDRESS			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236  TITLE NAME STREET ADDRESS CITY-ST-ZIP  BLOMGREN, BRUCE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME LANDRY, H. JOHN STREET ADDRESS CITY-ST-ZIP FORT SAINT JOE, FL 32456  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  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	D KANE, STANLEY 529 NORSOTA WAY	☐ Delete	TITLE NAM STRE	E ET ADDRESS			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236  LANDRY, H. JOHN STREET ADDRESS CITY-ST-ZIP NAME LANDRY, H. JOHN STREET ADDRESS CITY-ST-ZIP PORT SAINT JOE, FL 32456  NAME CITY-ST-ZIP	NAME STREET ADDRESS	KANE, DANIEL 614 S OWL DRIVE	☐ Delete	NAM STRE	E Et address			☐ Change	Addition	
NAME LANDRY, H. JOHN NAME STREET ADDRESS 340 WEST 1ST STREET STREET CITY-SI-ZIP PORT SAINT JOE, FL 32456 CITY-SI-ZIP	name Street address	BLOMGREN, BRUCE 301 S. GULFSTREAM AVE. #301		NAM STRE	e Et address			☐ Change	☐ Addition	
	NAME STREET ADDRESS CITY-ST-ZIP	LANDRY, H. JOHN 340 WEST 1ST STREET PORT SAINT JOE, FL 32456		NAM STRE CITY	E EET ADDRESS -ST-ZIP	ction 119.07(3)(	i), Florida Statutes			

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statu tes.