
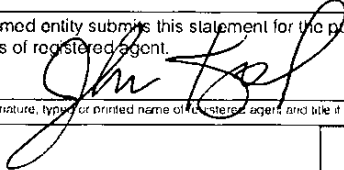


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90173 006 \*\*\*\*50.00

<b>DOCUMENT # L02000034159</b> 1. Entity Name <b>MOVIN ON CHARTER SERVICE, LLC</b>					
Principal Place of Business <b>38801 OVERSEAS HIGHWAY BIG PINE KEY FL 33043</b>			Mailing Address <b>85 BENSON DRIVE MONTAUK NY 11954</b>		
2. Principal Place of Business - No P.O. Box # <b>5500 ST. LUCIE BLVD</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>FT PIERCE FLA</b>		City & State			
Zip <b>34946</b>		Country <b>USA</b>		Zip	
Country		4. FEI Number <b>74-3048427</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>KROL JOHN R SR 38801 OVERSEAS HIGHWAY BIG PINE KEY FL 33043</b>			7. Name and Address of New Registered Agent Name <b>KROL JOHN</b> Street Address (P.O. Box Number is Not Acceptable) <b>55 ST. LUCIE BLVD</b> City <b>FT PIERCE</b> <b>FL</b> Zip Code <b>34946</b>		
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  DATE <b>3/12/07</b> <small>Signature, typed or printed name of registered agent, and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P KROL, JOHN 85 BENSON AVE MONTAUK NY 11954</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

Date

Daytime Phone #

**3/12/07 631 668 4502**