
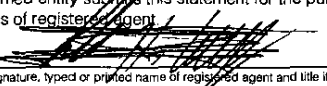
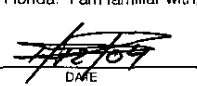
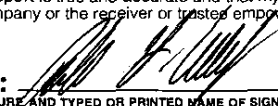


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90203 024 \*\*\*\*50.00

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # L03000004319</b>   |  |  |   |  |  |
| <b>1. Entity Name</b><br>KATHLEEN CHARTERS, L.L.C.   |  |  |   |   |  |
| <b>Principal Place of Business</b><br>658 WEST INDIANTOWN ROAD<br>SUITE 204<br>JUPITER, FL 33458   |  |  | <b>Mailing Address</b><br>658 WEST INDIANTOWN ROAD<br>SUITE 204<br>JUPITER, FL 33458  |   |  |
| <b>2. Principal Place of Business</b>  |  | <b>3. Mailing Address</b>                                |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                                      |   |   |  |
| City & State   |  | City & State   |   |   |  |
| Zip  | Country  | Zip  | Country   | 01072004    Chg-LLC    CR2E083 (10/03)  |  |
| <b>4. FEI Number</b><br>42-1574373   |  |  |   | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |  |  |   | <b>\$5.00 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>GIRVIN, D.R. ESQ<br>OCEANSIDE PROFESSIONAL CENTRE<br>1080 EAST INDIANTOWN ROAD SUITE 102<br>JUPITER, FL 33477  |  |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |  |
| <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.</b><br>SIGNATURE:  DATE:    |  |  |   |   |  |
| <b>Filing Fee is \$50.00 Due by May 1, 2004</b>  |  | <b>Make check payable to Florida Department of State</b> |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |  |   | <b>10. ADDITIONS/CHANGES</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <i>Managing Member</i><br><i>Richard H. Gullifer</i><br><i>658 W. Indiantown Rd. # 204</i><br><i>Jupiter, FL 33458</i> |  |   | <input type="checkbox"/> Delete   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>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.</b> |  |  |   |   |  |
| <b>SIGNATURE:</b>   |  |  |   | Date: <i>1/12/04</i> Daytime Phone #: <i>(561) 948-5828</i>                       |  |