


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90292 008 \*\*\*\*55.00

<b>DOCUMENT # L03000005564</b> 1. Entity Name <b>MSM CHARTERS, LLC</b>			
Principal Place of Business <b>1901 ULMERTON ROAD, STE 700 CLEARWATER, FL 33762</b>		Mailing Address <b>1901 ULMERTON ROAD, STE 700 CLEARWATER, FL 33762</b>	
2. Principal Place of Business <b>15950 BAY VISTA DRIVE</b> Suite, Apt. #, etc. <b>SUITE 250</b> City & State <b>CLEARWATER, FL</b> Zip <b>33760</b>		3. Mailing Address <b>15950 BAY VISTA DR</b> Suite, Apt. #, etc. <b>SUITE 250</b> City & State <b>CLEARWATER, FL</b> Zip <b>33760</b>	
City & State <b>CLEARWATER, FL</b>		City & State <b>CLEARWATER, FL</b>	
Zip <b>33760</b>		Zip <b>33760</b>	
Country <b>U.S.</b>		Country <b>U.S.</b>	
4. FEI Number <b>71-0833567</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>NORTH, ANGELA F</b> <b>1901 ULMERTON ROAD, STE 700</b> <b>CLEARWATER, FL 33762</b>		7. Name and Address of New Registered Agent Name <b>NORTH, ANGELA F</b> Street Address (P.O. Box Number is Not Acceptable) <b>15950 BAY VISTA DRIVE</b> <b>SUITE 250</b> City <b>CLEARWATER</b> <b>FL</b> Zip Code <b>33760</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARKEL, GARY L 1901 ULMERTON RD STE 700 CLEARWATER, FL 33762	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARKEL, GARY L 15950 BAY VISTA DRIVE, SUITE 250 CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NORTH, ANGELA F 1901 ULMERTON RD STE 700 CLEARWATER, FL 33762	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NORTH, ANGELA F 15950 BAY VISTA DRIVE, SUITE 250 CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>SIGNATURE:</b> <u><i>Gary Markel</i></u> <b>3/14/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			