


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L03000005564	
<b>1. Entity Name</b> MSM CHARTERS, LLC	

<b>Principal Place of Business</b> 15950 BAY VISTA DRIVE SUITE 250 CLEARWATER, FL 33760 US	<b>Mailing Address</b> 15950 BAY VISTA DRIVE SUITE 250 CLEARWATER, FL 33760 US
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**DO NOT WRITE IN THIS SPACE**



01262006No Chg-LLC

CR2ED83 (11/05)

<b>4. FEI Number</b> 71-0833567	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

**8. Name and Address of Current Registered Agent**

NORTH, ANGELA F  
15950 BAY VISTA DRIVE  
SUITE 250  
CLEARWATER, FL 33760

**DO NOT WRITE  
IN THIS SPACE**

**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) **DATE** \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	MGRM
<b>NAME</b>	MARKEL, GARY L
<b>STREET ADDRESS</b>	15950 BAY VISTA DRIVE SUITE 250
<b>CITY-ST-ZIP</b>	CLEARWATER, FL 33760
<b>TITLE</b>	MGRM
<b>NAME</b>	NORTH, ANGELA F
<b>STREET ADDRESS</b>	15950 BAY VISTA DRIVE SUITE 250
<b>CITY-ST-ZIP</b>	CLEARWATER, FL 33760
<b>TITLE</b>	
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<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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02/14/06-80034-015 55.00

**DO NOT WRITE  
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**11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** Gary Markel **DATE:** 1/30/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #