2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000008178

t. Entity Name

Principal Place of Business

STERLING YACHT CHARTERS, LLC



Mailing Address

4020 EVANS AVE. P. 0. BOX 61412 FORT MYERS, FL 33901 US FORT MYERS, FL

FORT MYERS, FL 33906-1412 US

FILED Mar 13, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02282006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 54-2107791

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FREEMAN, PAUL H 1840 W. 49TH STREET, SUITE 410 HIALEAH, FL 33012

DO NOT WRITE IN THIS SPACE

8. The above named critity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fforida. 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 signeture required when reinstating)	DATE	
P D	iling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS		or the first of the state of t	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHEINER, BRUCE L 4020 EVANS AVE. FORT MYERS, FL 33901		 Turker in Line Fig-phility Turker in Line Fig-phility Turker in Line Fig-phility 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		9000 9000 10000 10000	00467665 6-80059-019 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS S	IN THIS SPACE	
TITLE		A CONTRACTOR OF THE CONTRACTOR		

11. I heroby certify that the information supplied with this lilling does not quality 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 path; that I am a managing member or manager of the ilmited liability company on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/7/06

239-939-2900

Daytime Phone #