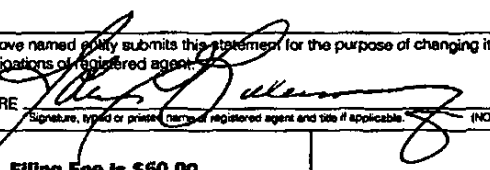
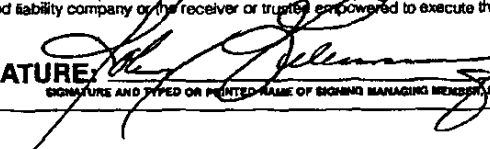


FILED
Apr 20, 2004 8:00 am
Secretary of State

03-22-2004 90420 004 ****50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000011216			
1. Entity Name OSPREY OFFSHORE CHARTERS, LLC			
Principal Place of Business 1021 GULFSTREAM WAY SINGER ISLAND, FL 33404		Mailing Address 1021 GULFSTREAM WAY SINGER ISLAND, FL 33404	
2. Principal Place of Business		3. Mailing Address c/o Perconter, Inc. Suite, Apt. #, etc. 11900 Tech Road City & State Silver Spring MD Zip 20904 Country Mont.	
Suite, Apt. #, etc.		03122004 Chg-LLC CR2E083 (10/03)	
City & State		4. FEI Number 13-4245271 Applied For Not Applicable	
Zip		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
Country			
6. Name and Address of Current Registered Agent OWENS, RHONDA 1021 GULFSTREAM WAY SINGER ISLAND, FL 33404		7. Name and Address of New Registered Agent Name - Gudelsky, John Street Address (P.O. Box Number is Not Acceptable) 1021 Gulfstream Way City Singer Island FL Zip Code 33404	
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 		JOHN GUDELSKY 03/16/04 (NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member ☐ Change ☒ Addition John Gudelsky 1021 Gulfstream Way Singer Island, FL 33404 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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.			
SIGNATURE 		JOHN GUDELSKY 3/16/04 301-622-0100 Date Daytime Phone #	