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

34003697

Principal Place of Business	Mailing Address
1021 GULFSTREAM WAY SINGER ISLAND, FL 33404	1021 GULFSTREAM WAY SINGER ISLAND, FL 33404

2. Principal Place of Business	3. Mailing Address
	c/o Percontee, Inc.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 11900 Tech Road
City & State	City & State Silver Spring MD
Zip / Country	Zip 20904 Country Mont.

03122004 Chg-LLC CR2E083 (10/03)

4. FEI Number 13-4245271 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OWENS, RHONDA 1021 GULFSTREAM WAY SINGER ISLAND, FL 33404	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 [signature] JOHN GUDELSKY 03/16/04
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, 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 Managing Member NAME John Gudelsky STREET ADDRESS 1021 Gulfstream Way CITY-ST-ZIP Singer Island, FL 33404	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: [signature] JOHN Gudelsky 3/16/04 301-622-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #