2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 24, 2005 08:00 AM **Secretary of State** DOCUMENT # L03000011216 1. Entity Name OSPREY OFFSHORE CHARTERS, LLC Principal Place of Business Mailing Address 1021 GULFSTREAM WAY C/O PERCONTEE, INC. SINGER ISLAND, FL 33404 11900 TECH ROAD SILVER SPRING, MD 20904 01072005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-4245271 Not Applicable \$5,00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GUDELSKY, JOHN DO NOT WRITE 1021 GULFSTREAM WAY SINGER ISLAND, FL 33404 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 regulred when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME GUDELSKY, JOHN U00000194658 01/25/05-80109-012 50.00 STREET ADDRESS 1021 GULFSTREAM WAY CMY-ST-ZIP SINGER ISLAND, FL 33404 TITLE NAME STREET ADDRESS C/TY-ST-7IP шп STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

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

FILED