

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020055

FILED
Jun 01, 2005
Secretary of State

Entity Name: CHARTER BOAT SHAMROCK II, LLC

Current Principal Place of Business:

111 MADGE LANE
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

111 MADGE LANE
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 20-0023617 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

FOUNTAIN LAW FIRM, P.A.
2045 FOUNTAIN PROFESSIONAL CT.
SUITE A
NAVARRE, FL 32566 US

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.

SIGNATURE: KENNETH R. FOUNTAIN

06/01/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: DYKES, LOUIS E JR
Address: 111 MADGE LANE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGR (X) Delete
Name: DYKES, LOUIS E SR
Address: 111 MADGE LANE
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LOUIS E DYKES, JR.

MGR

06/01/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date