

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**


**FILED**  
**Jun 07, 2004 8:00 am**  
**Secretary of State**

5/24

05-24-2004 90528 039 \*\*\*\*50.00

**DOCUMENT # L03000021379**

1. Entity Name  
**PALM ISLAND CHARTERS LLC**



Principal Place of Business Mailing Address  
**1401 BEECHWOOD TRAIL** *changed* → **12349-1 WOODROSE CT**  
**FORT MYERS FL 33919** **FORT MYERS FL 33907**

34000106



MOORE CR2E083 (11/03)

2. Principal Place of Business **12349 Woodrose Ct.**  
 Suite, Apt. #, etc. **#1**  
 City & State **Ft. Myers FL**  
 Zip **33907** Country **USA**

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number **56-2367033** Applied For   
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**ROLA, LESLIE**  
**12349-1 WOODROSE CT**  
**FORT MYERS FL 33907**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres. Leslie Rola</b> <b>12349-1 Woodrose Ct</b> <b>Ft Myers FL 33907</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Jim Rola</b> <b>V.P</b> <b>Address same</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Palm Island Charters LLC</b> <b>12349-1 Woodrose Ct.</b> <b>Ft. Myers, FL 33907</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE Leslie Rola Pres. Date 5-17-04 Daytime Phone # 239 437-2829