


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000021379

1. Entity Name
PALM ISLAND CHARTERS LLC



Principal Place of Business 12349 WOODROSE CT. SUITE #1 FORT MYERS, FL 33907 US	Mailing Address 12349 WOODROSE CT. SUITE #1 FORT MYERS, FL 33907 US
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DO NOT WRITE IN THIS SPACE



01062005No Chg-LLC CR2E083 (10/03)

4. FEI Number 56-2367033	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROLA, LESLIE
 12349-I WOODROSE CT
 FORT MYERS, FL 33907**

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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 *Leslie Rola* (NOTE: Registered Agent signature required when reinstating) DATE **1-26-05**

Filing Fee is \$50.00 Due by May 1, 2005

L030000202439
 01/28/05-89108-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALM ISLAND CHARTERS LLC 12349 WOODROSE CT. FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROLA, TIM 12349 WOODROSE CT. FORT MYERS, FL 33907
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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: *Leslie Rola* Date **1/26/05** Daytime Phone # **239 437-2829**