#### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000025281 1. Entity Name

CARTEE CHARTERS, LLC

Principal Place of Business 4065 MONTALVO DRIVE PENSACOLA, FL 32504 Mailing Address 4065 MONTALVO DRIVE PENSACOLA, FL 32504

## FILED Apr 04, 2007 08:00 A Secretary of State



03022007 No Chg-LLC

4. FEI Number

CR2E083 (11/05)

59-5585894

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Applied For

Not Applicable

### 6. Name and Address of Current Registered Agent HINES, JAMES P

315 S. HYDE PARK AVENUE TAMPA, FL 33606

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 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 litle if applicable. . DATE . (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGR TITLE CARTEE, WAYNE NAME STREET ADDRESS 4065 MONTALVO DRIVE PENSACOLA, FL 32504 CITY-ST-ZIP TITLE NAME U00000689767 04/11/07-80048-015 50.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-SI-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TATLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 1X m SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBETH OR ALITHORIZED REPRESENTATIVE Date Daytime Phone 4