

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

L03000044420

FILED

05 JUN -3 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000044420					
1. Entity Name JACK PACK CHARTERS, L.C.					
Principal Place of Business 4190 NE INDIAN RIVER DRIVE JENSEN BEACH FL 34957			Mailing Address 4190 NE INDIAN RIVER DRIVE JENSEN BEACH FL 34957		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEE Amount 59-3775353				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FENSTERER, JOHN P II 4190 NE INDIAN RIVER DRIVE JENSEN BEACH FL 34957				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 _____ (Signature, typed or printed name of registered agent and not applicable) (NOTE: Registered Agent signature required when changing) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR FENSTERER, JOHN P II 4190 NE INDIAN RIVER DRIVE JENSEN BEACH FL 34957 ☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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 606, Florida Statutes.					
SIGNATURE: <i>John Fensterer</i>				Date: <i>4/28/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date	



1st MOORE CR2E083 (10/04)

05/02/05 -- 90082 -- 007 -- \$50.00

6/3/05