## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

TITLE

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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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## FILED Aug 09, 2004 8:00 am Secretary of State

Change

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DOCUMENT # L03000055549  1. Entity Name ISLAND SUN CHARTERS, LLC					08-09-2004 9	01 46 026 ****.	55.00
			66.		9	ANHOOME	
Principal Place of Business		Mailing Address		į	24078875		
1326 MONTI	E CARLO COURT		1326 MONTE CARLO COURT				
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2. Principal Place of Business 3. Mailing Address							
Z. Filliopai Flace of positiess		3. Maning Address				121 01101 01111 0111 0111 12	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_		
Sale, , pa a, old.		55.67,790.47.010.		0730200	Chg-LLC	CR2E083 (10/03)	
City & State		City & State		4. FEI Nun	nber	l lAr	plied For
	ے ۔ ا			_20-6	0509058	No.	t Applicable
Zip	Country	Žip	Country	I	· · · · ·	\$5.00 Add	litional
				s. Certifica	ite of Status Desired	Fee Require	d
ļ	6. Name and Address of Current	Registered Agent		7. Name a	nd Address of New Regi	stered Agent	
Name							
HOFFMAN, MARGARET A 1326 MONTE CARLO COURT			Street A	Street Address (P.O. Box Number is Not Acceptable)			
PUNTA GORDA, FL 33950							
			- 1				
}			City			Zip Cod	
						FL Zip Coo	
	named entity submits this statement for	r the purpose of changing its re	egistered office o	r registered agent, or	ooth, in the State of Florida	a. I am familiar with,	and accept
ine obligat	ions of registered agent.						
SIGNATURE							
Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
		į.			35-1		
Filing Fee is \$50.00 Due by September 8, 2004						heck payable to epartment of State	•
	y coptonistor of zoot		•		T TOTAL DA	operanent of Stat	•
9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS/CH	ANGES	
TITLE	MGRM	☐ Delete	TRUE			☐ Change	☐ Addition
NAME	HOFFMAN, MARGARET A		NAME				
STREET ADDRESS	1326 MONTE CARLO COURT		STREET ADDRESS				
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP				
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CITY-ST-ZIP			CITY-ST-70P	!			

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CITY-ST-ZIP

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 ceth; that I am a managing member or manager of the limited flability company or the receiver or trustee empoyeed to execute this report as required by Chapter 608, Florida Statutes.

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limited liability company or the receiver or trustee empoyeered to execute this report as required by Chapter 608, Florida Statutes.

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