


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90010 014 \*\*\*\*50.00

<b>DOCUMENT # L04000002548</b>	
1. Entity Name <b>BOGARD CHARTERS, LLC</b>	


Principal Place of Business <b>1001 APOLLO BEACH BLVD #7 APOLLO BEACH FL 33572</b>	Mailing Address <b>1001 APOLLO BEACH BLVD #7 APOLLO BEACH FL 33572</b>
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2. Principal Place of Business <b>#7</b>	3. Mailing Address
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Suite, Apt. #, etc. <b>APOLLO BEACH</b>	Suite, Apt. #, etc.
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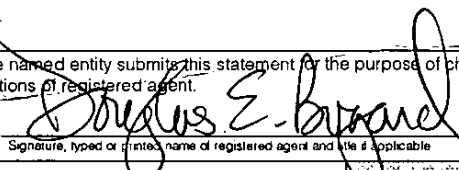
City & State <b>FLORIDA</b>	City & State
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Zip <b>33572</b>	Country <b>USA</b>	Zip	Country
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1st MOORE	CR2E083 (10/04)
4. FEI Number <b>38-3695723</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

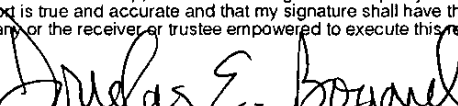
6. Name and Address of Current Registered Agent <b>BOGARD, DOUGLAS E 1001 APOLLO BEACH BLVD #7 APOLLO BEACH FL 33572</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 	DATE

<b>FILE NOW!!! FEE IS \$50.00</b>	
<b>Make Check Payable to Florida Department of State</b>	
<b>Due By May 1, 2005</b>	

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE <b>MGRM</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BOGARD, DOUGLAS E</b>		NAME	
STREET ADDRESS <b>1001 APOLLO BEACH BLVD #7</b>		STREET ADDRESS	
CITY-ST-ZIP <b>APOLLO BEACH FL 33572</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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: 	4/12/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Daytime Phone # <b>813-230-6617</b>