2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000002548

1. Entity Name

BOGARD CHARTERS, LLC



FILED Feb 14, 2007 08:00 AM **Secretary of State**

Fee Required

Principal Place of Business

1001 APOLLO BEACH BLVD

APOLLO BEACH, FL 33572

Mailing Address

1001 APOLLO BEACH BLVD #7 APOLLO BEACH, FL 33572

DO NOT WRITE IN THIS SPACE



01072007 No Chg-LLC CR2E083 (11/05) Applied For 4. FEI Number 38-3695723 Not Applicable \$5.00 Additional

6. Name and Address of Current Registered Agent

BOGARD, DOUGLAS E 1001 APOLLO BEACH BLVD #7 APOLLO BEACH, FL 33572

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

 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 title if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE
Filling Fee is \$50.00 Due by May 1, 2007	
9. MANAGING MEMBERS/MANAGERS	
TITLE MGRM NAME BOGARD, DOUGLAS E STREET ADDRESS 1001 APOLLO BEACH BLVD #7 APOLLO BEACH, FL 33572	
TITLE NAME STREET ADDRESS CITY- ST-ZIP	U00000635907 02/23/07-80033-018 50.00
NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE HAME STREET ADDRESS CITY-ST-ZIP	,
TITLE NAME STREET ADDRESS CITY: ST-ZIP	·.
	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 memb limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.