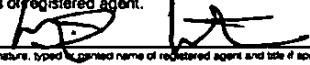


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

02-10-2005 90190 041 ****50.00

DOCUMENT # L04000008092					
1. Entity Name ROCKY BLUFF CHARTERING LLC					
Principal Place of Business 417-12TH STREET WEST, STE 200 BRADENTON, FL 34205			Mailing Address C/O MICHAEL M. CARTER 417-12TH STREET WEST, STE 200 BRADENTON, FL 34205		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc. 203			Suite, Apt. #, etc. 203		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 547-88-5474	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
5. Name and Address of Current Registered Agent HAFT, STUART J ESQ 321 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480				7. Name and Address of New Registered Agent MICHAEL M. CARTER 417-12th ST W SUITE 203 BRADENTON FL 34205	
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					
Filing Fee is \$50.00 Due by May 1, 2005					
Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARTER, MICHAEL M 417-12TH STREET WEST, STE 200 BRADENTON, FL 34205 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	417-12th ST. W. Suite 203 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 608, Florida Statutes.					
SIGNATURE: 			Date: 2/8/05 Daytime Phone: 941 749-5875		

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01212005 Chg-LLC CR2E083 (10/03)